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AN ANALYSIS OF
THE USE OF CLINICAL SUPERVISION
BY
ELEMENTARY SCHOOL PRINCIPALS
IN ALBERTA

by

SYDNEY ROBERT PAULS

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
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The undersigned certify that they have read, and recommended to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled An Analysis of the Use of Clinical Supervision by Elementary School Principals in Alberta submitted by Sydney Robert Pauls in partial fulfillment of the requirements for the degree of Master of Education.

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Date April 16/85

ABSTRACT

The purpose of this study was to investigate the extent to which the practices associated with clinical supervision were being used to supervise elementary teachers in Alberta. An instrument was designed that asked principals to respond to statements describing their practices of supervision. Several demographic variables were included to see if any of these had an effect on the use of clinical supervision.

The population for the study was all elementary school principals in Alberta of K - 6 schools. There were 898 schools in the population. The sample consisted of 280 randomly selected principals of which 224 returned usable questionnaires. The principals were divided into four groups according to size of school and urban or rural setting.

There were statistically significant differences among the groups on levels of university education - urban principals tended to have higher education levels than rural principals, present location experience - more experienced principals are found in larger schools, and number of vice principals - there are more vice principals in larger schools than there are in smaller schools. The availability of administration time also varied significantly among the groups of principals with Urban

Large principals reporting having more administration time than any other group of principals.

The practices of clinical supervision were divided into three groups of activities and a number of questions on the questionnaire related to each group. All questions required the respondent to choose, along a four point scale, the response that best described his practice. One was the highest response and four the lowest. It should be noted that for analysis this order was inverted. It is interesting to note that only one item in each of the three activity groups showed any statistically significant difference between any of the groups of principals.

An analysis of variance conducted between average scores for the use of clinical supervision and correlated demographic variables indicated that the level of education and level of experience do not have an effect on the use of clinical supervision. However, the availability of administration time does significantly affect the performance of Observation activities.

Average levels of use for Pre-observation activities was 2.69, Observation activities 2.53, Post-observation activities 3.15, and Total activities 2.89. These averages indicate that Goldhammer's stages Analysis and Strategy, Conference, and Post Conference Analysis are being utilized quite extensively but formal organized classroom Observation is not very evident.

The rating of 2.89 for Total activities of clinical supervision indicates that, while significant progress has been made from traditional inspection of teachers, there is still a considerable way to go in the implementation of the practices of clincial supervision.

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CHAPTER ONE

INTRODUCTION

Many groups, including Departments of Education, school boards and other public associations, believe that the education system and educators are not meeting the needs of today's students. Whether or not these groups have correctly assessed the situation they are demanding the following things; first, the improvement of instruction to ensure that the needs of every student are met, and second, more stringent evaluation of teachers to ensure that they are carrying out their responsibilities efficiently and conscientiously.

These two demands are reflected in Alberta Education's Program Policy Manual (1984: 64) where it states;

> "The results of evaluations will be utilized to; (1) assist the professional development of teachers
> (2) develop improved measures of teacher performance
> (3) take appropriate action with respect to teachers whose performance is unacceptable."

The first of these policy statements will be the focus of this study.

At this point it is essential that the distinction between supervision and evaluation be made clear. Evaluation is a formal, judgemental process used to appraise the worth or ability of a teacher. It implies that the findings of the evaluator will have career implications for the teacher. Permanent certification, promotion, dismissal, or disciplinary actions are examples of situations which require a formal appraisal of a teacher's work. Supervision means an attempt by administrators or others to improve the quality of instruction by entering into a helping relationship with individual teachers.

Of course, anyone who enters a teacher's classroom to observe instruction makes an evaluation of what is going on in the classroom. The essential difference between supervision and evaluation lies in what is to be done with the information and judgements formed by the observer. If information is gathered and judgements made with a view towards improvement of instruction and personal development, then the process is primarily supervisory. If a formal report with career implications is to be made, then the process is primarily evaluative.

The end goal of a classroom visitation affects the processes used. While a Post-observation conference is common to both supervision and evaluation, the content and conduct of that conference will be quite different. The supervisory conference will involve the teacher to a much greater extent and comments made will have improvement as their primary aim. Similarly, if the goal of the visitation is evaluation the observer is less likely to concentrate on a Pre-Conference. If the goal is to judge then it is less important to know exactly what will be taught.

Supervision is an ongoing process that demands a collegial relationship rather than a superior/subordinate hierarchy. This study is concerned with supervisory practices rather than evaluation.

According to Alberta Education's Program Policy Manual (1984: 66)

> "The primary responsibility for the evaluation of individual teacher performance and for the overall quality of teaching practice lies with the school jurisdiction."

In keeping with this policy, many school jurisdictions have delegated the responsibility for the supervisory function to the principal. In addition, the principal is often given the responsibility of conducting formal evaluations. This has led to some difficult role conflicts for the principals because the relationships, outcomes, and the processes of the two functions are different.

There is ongoing discussion of whether or not the roles of evaluator and supervisor can be combined in one person or if they should be mutually exclusive. This is an issue that will be further discussed in Chapter Two.

Teachers have recognized that supervision can be a beneficial process (Heichberger 1975: 210) but they object to the evaluation practices of the past. They complain that the brief once a year visit by an administrator for formal evaluative purposes does not contribute to the improvement of instruction. Teachers approve of a system of supervision that would give them support and help them with problems they experience in the classroom. (Heichberger 1975: 210)

An approach to teacher supervision that was designed to meet the needs of teachers was developed at Harvard in the 1950's by Morris L. Cogan and associates. Goldhammer's 1969 book Clinical Supervision Special Methods for the Supervision of Teachers and Cogan's 1973 book Clinical Supervision outlined the basic steps for the implementation of a successful program of supervision in schools.

Cogan's and Goldhammer's system meets the criteria of Democratic Supervision which Mosher and Purpel described in 1972 (p. 17);

> (1) The integrity of the teacher must be upheld.
> (2) Supervision should be concerned with releasing the talents of the teacher.
> (3) Supervision techniques should stress warmth, friendliness, and full staff involvement in planning; they should avoid threat, insecurity and didacticism.

The developers and proponents of clinical supervision claim that it improves the quality of instruction provided to children. Goldhammer (1980: 195-198) cites fourteen dissertations that he asserts do in fact establish a link between clinical supervision and improved instruction. The studies show that teachers exposed to clinical supervision developed positive attitudes about supervision, were able to engage in self-evaluation, and were able to verbalize and discuss problems they encountered in their classrooms.

Reavis (1977: 313-314) also found that teachers were increasingly able to verbalize their problems and discuss their teaching strategies after receiving clinical supervision. He, therefore, concluded that the quality of instruction given to children would also improve.

While neither Goldhammer or Reavis directly address the problem of whether or not improved student learning results, if a teacher exhibits the kinds of behaviors that these researchers describe, then it has been asserted that the teacher can be expected to create the kind of classroom atmosphere that promotes learning.

Given the current demand for improved instruction, the clinical supervision model would seem to be a reasonable alternative to more traditional practices based upon evaluation. This study will describe the practice of clinical supervision in Alberta elementary schools and should be of interest to educators and other persons or groups concerned with the delivery of quality instruction.

STATEMENT OF THE PROBLEM

The focus of this study will be to describe the use of clinical supervision in Alberta. Specifically;

> To what extent are the elements of clinical supervision utilized in the supervision of teachers by Alberta elementary school principals?

Sub Problems

(1) What is the degree of use of each element of clinical supervision?

(2) What differences are there among and between the supervisory practices of principals of large and small urban elementary schools and the supervisory practices of the principals of large and small rural elementary schools.

(3) What is the effect of higher levels of university education on the use of the practices of clinical supervision?

(4) How does the age of a principal affect the use of clinical supervision?

(5) What is the effect of experience on the use of the practices of clinical supervision?

(6) How does the amount of time a principal has for administrative duties affect the use of the practices of clinical supervision?

(7) How does a principal's judgement of the importance of the supervisory function influence the use of the practices of clinical supervision?

Elementary schools were chosen to be the focus of this study since good instruction at this level is imperative. It is true that quality instruction is essential at all levels of a student's school experience, but without a solid foundation of basic skills, acquired during elementary schooling, the student's future scholastic success could be jeopardized. To prevent this situation and avert the need for remediation, every effort must be made to ensure that instruction at the elementary level is of the highest quality possible.

A second reason for choosing elementary school principals was one of convenience. In elementary schools the principal is the person most likely to conduct teacher supervision. Therefore, it was easy to accurately direct the questionnaire to him. In high schools, particularly those with a number of vice principals, assistant principals, and department heads, it may not be the principal who conducts teacher supervision.

Questionnaire construction was facilitated by choosing to focus on the activity groups of clinical supervision rather than the process as a whole. Using this design allowed specific questions related to each activity of clinical supervision to be asked. Questions could also be asked without referring to the terminology of clinical supervision. This was deemed to be important since some principals may have intuitively developed techniques and strategies for teacher supervision that closely parallel clinical supervision. These may have been developed without being aware of the theory underlying their actions.

Significance

The increasing cost of education has prompted, among other things, an increase in the demand for accountability. Various groups have the perception that levels of student achievement are decreasing while the costs associated with education are increasing. These groups are seeking some means of ensuring that money spent on education is expended efficiently. It is believed that one of the ways of doing this is increasing the frequency of teacher evaluation.

The rationale for increased evaluation is to "weed out" those teachers who are not contributing positively to the learning of students. Despite the fact that Goldhammer (1969: 47), Cogan (1973: 14-15), Blumberg (1980: 9-12) and Mosher and Purpel (1972: 22-23) have expressed doubts about the value and effectiveness of formal judgemental evaluations to perform even this weeding out function, requests for this type of evaluation are increasing.

While teachers and administrators may have to accede to the public demand for increased evaluation of teachers, it would be prudent not to neglect the supervisory function of helping teachers to develop as effective instructional leaders. According to Kyte (1930) this should be the purpose of supervision. He defines supervision as;

> "The maximum development of the teacher into the most professionally efficient person she is capable of becoming."

If improved instruction through supervision of teachers is a priority, then merely increasing the amount of traditional evaluation will not contribute to the attainment of this goal.

LIMITATIONS

(1) It is assumed that respondents accurately described their supervisory practices.

(2) Some superintendents refused to allow their principals to participate or did not return their consent forms. (see Chapter Three). The number of respondents in the sample was, therefore, reduced.

(3) Some principals refused to complete questionnaires further reducing the sample size.

(4) A proportional stratified random sample was selected but errors may result in extrapolating findings from the sample to the population.

DELIMITATIONS

(1) Elementary school principals formed the respondent group.

(2) Private schools, and schools operated by the Department of Indian Affairs and Northern Development and schools operated by the Department of National Defense were not eligible for this study.

(3) Only elementary schools of four or more classrooms were eligible for the study since principals in smaller schools may not have the administrative time necessary to conduct clinical supervision.

(4) First time principals were not included in the results of the survey. Principals in this situation may not have had enough time, at the end of September, to have developed or implemented a program of supervision.

(5) To distinguish between large and small urban elementary schools, the median number of classrooms was used. All eligible schools were listed and the median number of classrooms was determined. Schools of 16 or more classrooms were designated as large and schools of 15 or fewer classrooms were designated as small.

(6) To distinguish between large and small rural elementary schools, the median number of classrooms in all eligible schools was used. All eligible schools were listed and the median number of classrooms was determined. Schools of 12 or more classrooms were designated as large, while schools of 11 or fewer classrooms were designated as small.

DEFINITION OF TERMS

School Board

"School board" means a board of trustees of a school jurisdiction.

School Jurisdiction

"School jurisdiction" means a public school district or division, a separate school district, or a county.

Superintendent

A "superintendent" is the individual established by a board to be administrative head of a school jurisdiction.

Urban School

"Urban schools" are those schools in the sample that are located in population centres of 10 000 people or more, regardless of jurisdiction.

Rural Schools

"Rural Schools" are those schools in the sample that are not urban, regardless of jurisdiction.

PLAN OF THE THESIS

Chapter one has provided some introductory comments regarding the problems of teacher evaluation and supervision. The problem for investigation was identified and specific sub problems delineated. The significance of the study was described and limitations and delimitations identified. Terminology used in the thesis was defined.

Chapter two gives a brief overview of the historical development of teacher supervision from the emphasis on personality to the introduction of clinical supervision. Clinical supervision is then described and a discussion of its merits and problems is undertaken.

Chapter three concentrates on the development of the questionnaire and the detailed description of the selection of the sample. The means of data analysis is described and justified.

Chapter four presents a detailed reporting of the results of the analysis of the collected data. It also examines the impact of demographic variables on the supervisory practice.

Chapter five concentrates on the conclusions and recommendations that can be drawn from the analysis. The sub problems are restated and conclusions drawn for each. Several recommendations are made for the development of a successful program of teacher supervision.

CHAPTER TWO

REVIEW OF THE LITERATURE

OVERVIEW

This review of the literature will provide a brief summary of the history of supervision and evaluation. Three basic themes will be examined; the adoption of scientific management, the reliance upon measurement, and the evolution of modern practices in supervision and evaluation. Although elements of each of these themes are present in many modern teacher evaluation schemes, an attempt will be made to establish each theme in a time frame and to show how each developed from the preceeding one. The writer will attempt to show how reaction to these themes promoted the development of clinical supervision in the 1950's.

The process of clinical supervision will then be described and a review of the literature assessing the concept and model of clinical supervision will be undertaken. Finally, some problems that may be encountered when implementing the process will be discussed.

EARLY ATTEMPTS TO EVALUATE

Evaluation and supervision of teachers has been a feature of North American systems of education since their inception. Peterson (1982: 27) in her review of teacher evaluation in the United States cites two early examples.

In 1654 elected officials of towns were directed by the general court of Massachusetts Bay Colony to "secure teachers of sound faith and morality, and to continue them in office only so long as they meet these requirements." Another example in 1709 in Boston, "a committee of laymen was appointed to visit schools to enquire into the methods to teaching, to examine pupil achievement, and to formulate means for the advancement of learning." Early attempts to control the educational process focused on school inspection rather than what is currently known as supervision, on making judgements about teachers rather than teaching, and on concerns for moral correctness rather than professionalism. (Boulet 1981: 23) The typical teacher of the day had little or no professional training (Slade 1882: 26) and it was assumed that she needed to be given specific directions and authoritative guidance in order to adequately perform her duties. Payne (1875: 17) suggested that there should be a leader of education with the authority to make decisions on what and how a teacher should teach.

> "...in an extended system of instruction there should be a responsible head. He should be able to devise plans in general and in detail, and visit with sufficient authority to keep all subordinates in their places and at their assigned tasks."

This represented a significant shift away from direct control of education by lay persons. Professional personnel were recruited to supervise and/or evaluate schools and teachers.

Until the early 1900's in the United States, and perhaps later in Canada, the inspection of teachers was totally subjective. There were no standards against which a teacher's performance could be judged. The result was that each superintendent or inspector made up his own standards with which to judge the worth of the teachers and schools for which he was responsible.

EVALUATION AND EFFICIENCY

In the 1900's the focus of supervision and evaluation was still inspection. As school systems grew, the bureaucratic structures necessary for control and the desire for conformity also grew. As a result, specific curriculae were drawn up and specific lists of desirable teacher qualities were created. E.C. Warriner (1911: 311-316) focused the desire for conformity when he said he;

> "... could see no reason for giving a teacher any choice as to what is to be taught. The superintendent's first function is to say what shall be taught, his second, to see that it is taught."

Scientific Management

It was during this era that Frederick Taylor began developing his theories of industrial efficiency that came to be known as scientific management. Taylor's theories were somewhat corrupted by efficiency experts who sought to use his ideas to increase the profits of corporations without the corresponding improvement in worker's salaries or working conditions. (Wren 1979: 125) It is this aspect of scientific management, time studies, search for the one best way (Lovell & Wiles 1983: 31) and an adulterated concept of a "first class man" that were widely accepted as underlying principles for all endeavours of society. A system that was designed for use in industrial production and manufacturing came to be applied to humanistic enterprises such as education. Ballon, Eaker, Huffman and Jones (1976: 1) have said:

> "... supervision became closely allied with scientific management with significant emphasis on research and measurement .... With the emphasis in supervision on inspection and scientific management, the supervisor was often seen as a negative person by the teacher with whom he worked."

Supervisors widely held the belief that it was their duty, even their prerogative to establish what was to be taught and the pedagogy that was to be used. Teachers were expected to follow the superintendent's directions explicitly. (Lovell & Wiles 1983: 227) Rating systems and rating scales were developed as devices to measure the extent to which teachers were adhering to the superintendent's directions. Teachers who lacked originality, were inflexible, accepted direction without comment and promoted large numbers of students each year, received a high efficiency rating. It seems obvious that the teacher was being rewarded for compliance rather than for initiative and concern for students.

The Hawthorne studies carried out by Elton Mayo (1933) led to serious challenges of the priniples of scientific management. The discovery that the physical conditions of the workplace were less important than feelings of colleagueship and involvement, lent weight to the growing reaction amongst teachers and teacher groups to the use of scientific management in the school setting. They concluded that it was impossible to compare the "products" of education to those of an assembly line. (Fahey, 1916: 641) Bagley (1915: 1162-1163) went on to say that;

> "... schools could not be operated on the factory plan .... It is the fashion to believe that general principles analogous to those that govern the processes of agriculture and engineering could be worked out and reduced to simple rules that anyone could apply under competent direction, and the plain corollary of this thesis was that the teacher might be considered an artisan .... Teaching is only in part an applied science. The effective teacher must be an artist rather than an artisan."

The result of transplanting scientific management to education was a lack of originality and development in the classroom and a decrease in the professional status of teachers. Teachers and teacher groups continued to object vigorously to the attempt to compare children to standardized raw material and teachers to workmen who administer a process resulting in a "graduate".

The proponents of this industrial system failed to recognize that education is a humanistic activity and that not all students react in the same way to a particular method of instruction. They further failed to realize that the teacher is more than a workman. Teachers must continuously make decision about what, when and how they are going to teach while attempting to meet the varying needs of the students in their classrooms. Among other things, the lack of standardization of students or methodologies is what makes a teacher a professional.

Scientific management has had far reaching effects in Western society. Even after the Congressional hearings in 1912, Taylor's theories continued to have an impact on industry and education. (Wren 1979: 156) In education today, although many of the more draconian aspects of scientific management have been modified, the language and thought processes associated with the system survive. We still allude to "inputs", "outputs", "product", "treatment", "instructional units", etc. when referring to education. The scientific paradigm permeates Western society and it is almost impossible not to refer to every human activity in scientific terms. (Wren 1979: 198)

EVALUATION AND SCIENCE

In the United States and in Canada, the next emphasis in evaluating teachers was a reliance on science. (Peterson 1982: 46) Until the 1920's the focus of teacher evaluation was on the teacher. Systems of evaluation based on personal charactertistics, not on the methods of instruction predominated. In the 1920's the focus shifted slightly to consider the effect that a teacher was having on pupils. It was assumed that by measuring the progress of students, an accurate assessment of a teacher could be obtained.

Standardized tests were developed for most subject areas. These tests were administered at the beginning and at the end of each school year. The amount of gain that students showed on these tests was assumed to be indicative of the effectiveness of the teacher.

In addition to standardized tests, standardized checklists for teacher evaluation were developed. These tended to focus on teacher behaviors as they related to student achievement and were an attempt to integrate what teachers did with student progress on standardized tests. Also during this period (1920-1940) the purpose of evaluation was shifting slightly. Previous to this, evaluation of teachers was designed merely to judge the worth of teachers and to identify weak or incompetent teachers for dismissal. During this period (1920-1940) evaluation was thought able to change a teacher's behavior. The characteristics of the teacher as a person and an examination of the teaching process increased in significance. Rose (1964: 72) stated the main focal points of teacher evaluation and their relationship in this manner;

1) The teacher as a person (including not only his attitudes, values and personality but also his education, experiences and qualifications) influences,
2) His teaching behavior (his style: the specific acts of teaching) to which is added,
3) The content of his teaching (subject matter: knowledge, skills and attitudes) which leads to,
4) Effects on pupils.

Earlier Redfern (1963: 7) commented on appraisals and ratings saying;

> "As the objective of appraisal becomes more and more the improvement of teaching performance, appraisal techniques increase in effectiveness. The stimulation of professional growth, as a result of appraisal, is more acceptable to teachers and administrators. Creativity and teamwork between teachers and appraisers replaces the uncertainty and misunderstandings that so frequently are associated with the "rating" types of appraisals."

Finally, Peterson (1982: 58) makes this comment that distinguishes evaluation from supervision.

> "A rating system is predominantly administrative. Evaluation that appraises with a view to helping teachers improve is supervisory."

The above statement corresponds to the distinction made between evaluation and supervision in Chapter ONE. Many authors continue to use the terms evaluation, supervision, appraisal and assessment synonymously and it is only by careful reading of their statements that one can distinguish their meaning.

EVALUATION AND DEMOCRATIC HUMANISM

The pressure for teacher evaluation to include all aspects of the teaching act including personality, methodology, curriculum, and student achievement continues. However, there have been increasing demands for the emphasis of administrator/teacher interaction to be supervisory rather than evaluative. Most teachers and most administrators have recognized the administrative need for formal evaluations. This is evident in Berg's study Teacher Evaluation in Alberta: A Perspective. In this study Berg (1982: 13) found that most jurisdictions in Alberta had a written teacher evaluation policy. Seventy-eight per-cent of jurisdictions surveyed indicated that they had such a policy and the other twenty-two per-cent indicated that they were in the process of developing one. This is part of a North American trend to attempt to meet the needs of teachers, who seek the security of fair and objective standards of evaluation and the public, who seek assurances that their tax dollars are well spent. (Peterson 1982: 70)

In Alberta, several recent policy statements on supervision and evaluation of teachers have been issued by Alberta Education. The department states:

> "If a program of teacher evaluation is to be successful, the purpose of the program must be identified, discussed, and agreed upon by all who are involved in the process. Statements of purpose that are clear, precise, and complete are more likely to produce a sound basis for open communication, co-operative relationships, and effective programs." (1984: 2.3)

This statement is in agreement with the spirit of democratic humanism which should be the basis for the development of modern supervisory practices.

Having recognized the inevitability of formal evaluations, educators are becoming increasingly aware that present practices, while they fulfill the administrative need, do not do much to improve the quality of instruction given in schools. The kind of practices that teachers would like to see are shown in the 1976 study conducted by the Board of Education in Massachusettes. Peterson (1982: 78) reports that 98% of teachers and 95% of administrators favour a co-operative selection of evaluation instruments and 82% of administrators and 71% of teachers favour a mutual goal setting approach. When queried as to the kind of relationship that should exist between administrators and teachers, 62% of administrators and 54% of teachers chose "helping relationship". The next most popular relationship was "colleagueship" with 36% of teachers and administrators in favour.

Peterson (1982: 79) states that:

> "In today's changing patterns of evaluation, the trend is away from the negative

> (identifying poor teachers so they can be dismissed) and toward the positive (identifying weaknesses and strengths so that the former can be corrected and the latter be reinforced)".

The following is reproduced from Marks, Stoops and King-Stoops (1978: 12) and illustrates the fundamental differences between traditional and, what they call "modern" supervision.

TABLE 2-1

COMPARISON BETWEEN TRADITIONAL AND MODERN SUPERVISION

Traditional	Modern
1) Inspection	1) Pragmatic study and analysis
2) Teacher focused	2) Goal, material, student, and environment - (total teaching-learning situation) - focused
3) Visitation and conference	3) Many diverse functions
4) Poorly planned or a meager formal plan	4) Definitely organized and planned with specific objectives
5) Imposed and authoritarian	5) Derived and co-operative

Marks et al (1978: 13) go on to say: "Modern supervision is objective, systematic, democratic, creative, growth centred and producing, and accentuates the spirit of inquiry..."

With the obvious preference of teachers and administrators for supervisory techniques that assist in the development of better instruction and the public's demand for improved instruction, it will be useful, at this time, to look at a system that was designed to meet these supervisory needs.

CLINICAL SUPERVISION

Clinical supervision was developed in the late 1950's amid the demands of the times for a system of teacher/administrator interaction that would stress activities in the classroom and which would facilitate change in instructional patterns. Morris Cogan and Robert Goldhammer and their associates developed the process for use with students in the Masters of Art in Teaching program at Harvard. Cogan's 1973 book Clinical Supervision and Goldhammer's 1969 book Clinical Supervision Special Methods for the Supervision of Teachers are the two definitive statements on the use of the system in schools.

What is Clinical Supervision?

As Cogan (1973: 8) says, when he introduced the term clinical supervision, he faced objections from colleagues and others about the use of the word "clinical". It inspired images of a sterile, antiseptic environment or invited comparison between teaching and hospitals and mortal illness. However, as Cogan says:

> "The author ... countered by citing Webster's Third New International Dictionary to the effect that clinical also means ... "involving or depending upon direct observation ...." The dictionary further supported arguments for the appropriateness of "clinical" by referring to "the presentation, analysis, and treatment of actual cases and concrete problems in some special field ...."

Cogan goes on to state:

> "Clinical supervision may therefore be defined as the rationale and practice designed to improve the teacher's classroom performance. It takes its principal data from the events of the classroom. The analysis of these date and the relationship between teacher and supervisor form the basis of the program, procedures, and strategies designed to improve the students' learning by improving the teacher's classroom behaviors."

Goldhammer (1969: 54) defines clinical supervision and defends the use of the word "clinical" like this:

> "First of all, I mean to convey an image of face-to-face relationships between supervisors and teachers .... Clinical supervision is meant to imply supervision up close .... The term should also denote supervision of actual professional practices, of actual practional behavior. What the teacher does is central in clinical supervision .... Given close observation, detailed observational data, face-to-face interaction .... and an intensity of focus that binds the two together in an intimate professional relationship, the meaning of "clinical" is pretty well filled out."

Flanders (1976: 48) describes clinical supervision:

> "Clinical supervision ... seeks to stimulate some change in teaching, to show that a change did, in fact, take place, and to compare the old and new patterns of instruction in ways that will give a teacher useful insights into the instructional process."

Finally, Mosher and Purpel (1972: 78) say:

> "The primary objective - and an adequate definition of clinical supervision is the improvement of instruction ... Clinical supervision focuses on what and how teachers teach as they teach."

Clinical supervision represents a new direction in personnel administration. The emphasis is upon teacher growth rather than evaluation, collegial rather than hierarchical relationships, focused rather than global observations, objective not subjective feedback, and self-reliant rather than other directed teachers. (Johnston 1983: 6) It follows that the traditional relationship between teachers and supervisors, related to inspection and scientific management, must undergo a fundamental change.

Two central themes emerge from the above definitions. McFaul and Cooper (1984: 5) define these two themes saying:

> "First, the spirit of the clinical supervision model reflects the democratic human resources perspective of supervision .... It respects the integrity and individuality of teachers .... Second, its (clinical supervision's) form incorporates a specific, staged-cycle methodology that offers a concrete strategy for collecting data on real and personal classroom patterns. The "tools skills" of clinical supervision enable teachers and supervisors to deal with descriptive information in an analytical format."

Thus, clinical supervision can be said to consist of two essential parts, the technical aspect and the interpersonal aspect. As will be shown, the interpersonal phase is essential to the success of the technical aspects of clinical supervision.

The Process

Cogan's (1973: 10) description of the process of clinical supervision which he refers to as the "cycle of supervision" contains eight steps or "phases". Goldhammer (1969: 57) condensed these steps somewhat to come up with his five "stages" of the "sequence of supervision". While the terminology may be slightly different, the basic content of both models is the same.

Cogan's eight phases are (1) Establishing the teacher-supervisor relationship, (2) Planning the lesson with the teacher, (3) Planning the strategy of observation, (4) Observing instruction, (5) Analyzing the data, (6) Planning the strategy of the conference, (7) The conference and (8) Renewed planning. (1973: 10-12)

Goldhammer's five stages are (1) The pre-observation conference, (2) Observation, (3) Analysis and strategy, (4) The Conference, and (5) Post conference analysis. (1969: 57)

The following table shows the relationship between the Cogan and Goldhammer models.

TABLE 2.2

COMPARISON OF THE GOLDHAMMER AND COGAN MODELS OF CLINICAL SUPERVISION:

Cogan	Goldhammer
1) Establishing relationship 2) Planning for teaching 3) Planning for observation	1) Pre-observation conference
4) Observing instruction	2) Observation
5) Analyzing the data 6) Planning the conference	3) Analysis and strategy
7) The conference	4) The conference
8) Renewed planning	5) Post conference analysis

However, as Reavis (1978: 580) points out, "The dominant pattern that has emerged for clinical supervision appears to be the five-step process proposed by Goldhammer." A description of each step of the Goldhammer model follows.

The Pre-Observation Conference

One of the main purposes of this stage is to build or reinforce a positive, trusting, empathetic relationship between the supervisor and teacher. (Goldhammer 1969: 57), (Lovell 1983: 172), (Bellon 1976 1976: 27), (Reavis 1978a: 11) Without the development of this relationship, further advances in the cycle are unlikely to be productive. Trust must be established if teachers are to be expected to identify problems or concerns they may have. In subsequent cycles, once the relationship has been established, a simple greeting or comment on the classroom may be sufficient to maintain or nurture the relationship. (Goldhammer 1969: 74-75)

A second purpose of the pre conference is for the teacher and supervisor to discuss the objectives and methodologies the teacher has chosen for the lesson to be observed. The teacher has the opportunity to describe methodologies that he has decided to use and identify expected learning outcomes. The supervisor has a chance to clarify in his own mind, the teacher's frame of reference and to ask questions that will assist the teacher to critically examine what has been planned. (Reavis 1978a: 11-12) Developing a common understanding of what is to be taught is essential so that observation can be accurately directed.

Mosher (1972: 25) suggests that the planning stage should be viewed as hypotheses making between teacher and supervisor.

> "The plan ... is a set of predictions as to what will happen in the class, and the actual teaching is a practical test of these working hypotheses."

Finally, the teacher and supervisor agree on what is to be observed and how data should be collected. (Goldhammer 1969: 60), (Bellon 1976: 33) Goldhammer (1969: 60) calls this the "contract" and suggests that it is a significant step in developing and maintaining the trusting relationship necessary for clinical supervision. The contract should not be altered unilaterally.

Observation

Accurate observation is essential in the cycle of clinical supervision. Goldhammer (1969: 61) said "The supervisor observes to see what is happening so that he can talk about it with the teacher afterwards." If that is the purpose of observation, Goldhammer continues: "... it is critically important that the data constitute as accurate, and as complete a representation of what took place as possible."

Verbatim notes are very useful, although the supervisor will find it difficult to take such notes unless he develops a coding system or a system of shorthand. Audio or video recordings may be useful but they are more time consuming since it is difficult to find specific excerpts for analysis. The presence of recording equipment may also disrupt the routine of the classroom and prevent the observer from being inconspicuous. However, Mosher (1972: 28) suggests that this is not an overwhelming problem. His comments on video taping are:

> "It has been found that experience quickly accustoms most classes and most teachers to the equipment. Technology of this type has proved its usefulness by contributing significantly to the accuracy and validity of the supervisor's observations of teaching. It also permits teachers to see

> and hear themselves teaching, something which has previously been missing from their training."

The advantage of verbatim notes, on the other hand, is that notes can be quickly scanned to look for patterns in the teaching and the writing of notes does not disturb the classroom.

Whatever method of observation is used, the fundamental requirement is that the data collected accurately reflect proceedings in the classroom. Lovell and Wiles (1983: 175) have said:

> "The importance of a strong and valid data base that can be used as feedback for the teacher examine their actual behaviors ... cannot be overstressed."

Charts and checklists showing question distribution, student movement patterns, student response patterns, patterns of teacher praise, etc. may be useful depending upon what has been agreed will be observed. The supervisor may choose to use one of a variety of commercially prepared data collection instruments, but often a user made instrument is more effective since it will have been designed to meet the specific needs of a situation. (Bellon et al 1976: 41)

Analysis and Strategy

Goldhammer's own words best describe the purpose of this stage:

> "Stage three is intended for two general purposes; first, in *Analysis* to make sense out of the observational data, to make them intelligible and manageable: and second, in *Strategy*, to plan the management of the conference to follow, that is, what issues to treat, which data to cite, what goals to aim for, how to begin, where to end, and who should do what." (1969: 63)

The deciphering and planning of the notes should be done as soon as possible after observation so that the events of the classroom are still fresh in the mind of the supervisor.

The supervisor reviews the notes taken with respect to the contract looking for specific incidents and overall patterns relating to the contract items. He/She also searches for patterns in the teacher's teaching relating to such things as questioning, reinforcement, verbal behaviors, etc. (Reavis 1978a: 13), (Bellon et al 1976: 53-54) The supervisor must plan what items or patterns will be discussed in the Conference. Factors such as the contract, or teacher anxiety will influence what is to be discussed.

The Conference

This is the culmination of all previous activities. As Goldhammer (1969: 67) puts it "all roads lead to the conference". Unless the data collected and the themes and patterns identified are communicated to the teacher, there is little reason to enter the cycle at all.

An underlying premise of the clinical model is that the teacher is actively involved in the entire process.

This is especially true in the post observation conference. The teacher should be helped to see patterns in the data for themselves. Even though the supervisor has planned what he would like to see discussed, care must be taken to avoid concentrating on this proposed agenda to the exclusion of topics the teacher may wish to address. (Reavis 1978a: 17), (Lovell 1983: 181-182)

The Ghitter report (1984: 61) defines the prerequisites for successful teaching, saying:

> "Successful teaching requires individuals who have sound knowledge and skills, and who know how to review critically their own teaching performance to ensure continual refinement and growth and effectiveness ... Reflection on the act of teaching should be an essential outgrowth of classroom experience ...."

It seems that the above goal can be met by the use of clinical supervision.

The supervisor should avoid the authoritative, directive role and, instead, encourage the teacher to engage in self analysis. A two way discussion of problems is of much more benefit than a reading of a list of faults and prescriptions.

Post Conference Analysis

Often this stage is a mental exercise in which the supervisor reflects on the proceedings of the cycle with the intention of improving future interactions with the teacher.

> "It is a time when Supervisor's practice is examined with all of the rigor and for basically the same purposes that Teacher's professional behavior was analyzed theretofore ... examined professional behavior is more likely to be useful - for everyone - than unexamined behavior ..." (Goldhammer 1969: 71)

At times it may be useful to have the post conference taped or to have an independent observer present so that the supervisor's behavior can be analyzed in much the same way as the teacher's lesson was. Direct feedback from the teacher is also a useful way for the supervisor to examine his own behavior. It might be said that this is a kind of clinical supervision of the supervisor.

Summary of the Process

Inspection of Goldhammer's or Cogan's model reveals that there are three basic sets of activities prevalent in clinical supervision. In clinical supervision terminology they are: (1) Pre-observation activities, (2) Observation activities and, (3) Post-observation activities. These activity areas closely follow the sequence of events in the two classic models. Koch (1981: 11-12) has renamed these activity groups Planning for Teaching, Observation and Data Collection, and Analysis after Teaching. Krajewski (1979: 73) has also said clinical supervision is:

> "... the supervisor and teacher ... working together ... looking at lesson objectives, observing the lesson, and analyzing what took place."

Regardless of what they are called it will be useful to review the kinds of activities that are included in each of the three areas. Pre-observation includes all of those activities that are designed to build rapport and create a positive, collegial working relationship. (Cogan 1973: 88-96), (Denham 1977:34) It also involves planning activities, a review and discussion of the lesson plan to ensure a common understanding between teacher and supervisor, and a discussion of what should be observed and how data should be collected.

Observation activities are pretty well explained in the previous section discussing Goldhammer's model. The gathering of clear, objective datas emerges as the salient point.

Post-observation activities include the organization of the collected data, the planning of the discussion with the teacher, actual dialogue and analysis of the lesson between teacher and supervisor, and a mental review of the proceedings of the cycle by the supervisor.

Goals of the Process

All systems of supervision that attempt to improve the quality of instruction make several basic assumptions. (Bellon 1976: 20-21) They are:

1) Teaching is a set of identifiable patterns of behavior.

2) When selected patterns of teaching behaviors are changed improvement of instruction can be achieved.

3) The supervisor-teacher relationship must be based on mutual trust if change is to take place.

4) The improvement of instruction is the primary goal of supervision.

Since clinical supervision attempts to improve instruction, it must have as its basic underlying principles the above four assumptions. Bellon et al (1976: 70) go on to say that "The most important function of the supervisor is to guide teachers towards analytical assessment of instruction."

The proponents of clinical supervision contend that the main focus of the system is the improvement of instruction. This is clearly indicated in a number of statements by authors who have written about the process. Cogan (1973: 9) states "... clinical supervision is focused upon the improvement of the teacher's classroom instruction." Goldhammer (1969: 56) comments more fully on the aims and goals of clinical supervision.

> "The aim of clinical supervision will be realized when largely by virtue of its own existence, everyone inside the school will know better why he is there, will want to be there, ... will feel a strong and beautiful awareness of his own individual identity, and a community of spirit and of enterprise with those beside him."

Finally, Sergiovanni and Starratt (1979: 305) say:

> "Clinical supervision ... refers to face-to-face encounters with teachers about

> teaching, usually in the classroom, with the double barrelled intent of professional development and improvement of instruction."

and later: "Its (clinical supervision's) objective is to bring about changes in classroom operation and teacher behavior."

As was shown earlier in this chapter, the goal of improved instruction is basic to many modern systems of supervision. The ways in which this goal was to have been achieved varies significantly. The scientific managers thought this could be achieved through the search for the "one best way". Scientism sought to improve performance by measuring the effects of instruction on students, and clinical supervision seeks to improve instruction through a reliance on human resources theory. The method chosen by clinical supervisors to achieve the goal of improved instruction is a collegial working relationship between teacher and supervisor based upon an objective discussion of classroom events. These methodologies led Goldhammer (1969: 1) to conclude about clinical supervision:

> "We believe that its potential for remedying instructional weaknesses are greater than those of other supervisory approaches that have been employed in education."

A link between clinical supervision and improved instruction has been established. Goldhammer (1980: 195-198) cites 15 dissertations showing that improved instruction results from the use of clinical supervision.

It follows that if instruction is improved then student achievement will also improve.

Flanders' "Verbal Interaction Inventory" showed that there was a relationship between increased teacher verbal behavior and improved student learning. (Flanders 1970), (Reavis 1977) used this fact to investigate whether or not clinical supervision increased teacher's verbal behavior and communication skills. His analysis suggests that teachers are more able to communicate and participate in discussions about teaching when they have been supervised using clinical supervision. Based on Flanders' findings, it is assumed that these increased verbal skills will be transferred to the classroom and increased student learning will result.

While this link between clinical supervision and improved student learning seems a bit tenuous, if teachers are made to feel they are a central part of attempts to improve instruction, if they are able to verbalize and discuss problems they may encounter in the classroom, and if they are able to engage in self-analysis, then it is expected that they will promote, establish and develop the kind of atmosphere and attitudes that encourage learning in their classrooms.

Assumptions of Clinical Supervision

In order for clinical supervision to be effective, certain conditions must exist. These assumptions are basic to the use of clinical supervision. Lerch (1980: 238) lists 9 major assumptions which have been paraphrased below.

1) Supervisors and those supervised will mutually identify specific problems or areas of concern so that the occurrence of misunderstanding is reduced.
2) A systematic plan will be worked out to assist the teacher in improving classroom instruction.
3) Experimentation with new methods will be promoted as a result of shared decision making.
4) Mutual growth will occur.
5) Participants will devote the necessary time to the process.
6) The teacher must desire to change and be willing and able to attempt change.
7) Personality and philosophical differences between supervisor and teacher will be minimized.
8) The relationship between supervisor and teacher must be collegial not superior-subordinate oriented.
9) Data collection must be objective and accurately reflect the observed situation.

Similarly, Krey, Netzer, and Eye (1977: 21-22) have listed 36 assumptions that support the structure of clinical supervision. The reader is referred to their article in the Fall issue of Contemporary Education 1977.

Reavis (1976: 360) comments that:

> "It (clinical supervision) rests on the conviction that instruction can only be improved by direct feedback to a teacher on aspects of his or her teaching that are of concern to that teacher, rather than items on an evaluation form or items that are pet concerns of the supervisor only."

Krajewski (1982: 41-42) lists seven concepts which he derived from the literature and practice of clinical supervision. He says clinical supervision;

1) Constitutes a deliberate intervention into the instructional process.
2) Creates productive tension for both teacher and supervisor.
3) Requires supervisor knowledge and training.
4) Is a technology for improving instruction.
5) Is goal oriented, systematic, yet flexible.
6) Requires mutual trust and rapport nurturance.
7) Fosters role delineation.

Sergiovanni (1976: 23) in his attempt to develop a theory of clinical supervision:

> "The image of clinical supervision ... is one whereby the supervisor works to surface dilemmas from inconsistencies that exist between teacher stated intents and antecedents inferred from teacher behaviors and artifacts of that behavior."

Sergiovanni (1976: 25-27) goes on to describe the possibility of conflict between a teacher's *espoused platform* and *platform in use*. He defines the focus of clinical supervision as:

> "... the technical focus of clinical supervision is in working with teachers to construct (their) *platform in use* and helping teachers to make explicit *espoused platforms* for comparison."

The above quotations show the extent of the modification in thinking that is necessary for the successful use of clinical supervision. Major steps away from the rating/inspection aspects of evaluation must be made. Improvement of instruction can occur only in an atmosphere of mutual trust, respect, and co-operation between supervisors and teachers. If this revolution in thinking is adopted then various authors have affirmed that clinical supervision can be a useful tool in improving instruction.

Reavis (1976: 363) says:

> "... clinical supervision meets or exceeds expectations in the evaluation of instruction .... (it) has the potential to accomplish what all evaluation attempts - to improve the quality of instruction ...."

and Lerch (1980: 240) argues:

> "Clinical supervision by no means provides a panacea to all the instructional ills that prevail but to cast it off as unimportant and worthless will deprive the supervisor of a tool which may truly help improve instruction."

Johnston (1983: 8) states her position on clinical supervision in the following strongly worded statement:

> "Clinical supervision *can* improve classroom instruction. It is too powerful a mechanism to throw out the window or to treat as a passing educational bandwagon. If we do not manage the necessary changes in skills and relationships, generations of students will suffer."

and Koch (1981: 13) concludes:

> "Clinical supervision is the most sophisticated and potentially the most effective supervisory approach developed in education to date and for that reason should become increasingly prominent in education practice."

Snyder (1981: 524) says:

> "Clinical supervision has the potential for enabling teachers and administrators to break out of isolated and outdated practices and to achieve new performance norms."

Despite the very optimistic appraisals of clinical supervision, the system remains, as Krajewski (1976: 65) says, "... in the embryo stage." Old, but prevalent attitudes to supervision remain and the implications of instituting the clinical process are not fully understood.

Implementation

There are many factors that affect the acceptance of new ideas. Generally, acceptance is stimulated if the people who will be affected by the change are participants in developing the new policy. This is especially true for teachers and supervisory policy. Teachers have a natural suspicion of any new initiative in supervision based upon past experience that supervision really means evaluation. (Blumberg 1980: 6-11) Clinical supervision, if it is to be effective must overcome this resistance.

Lovell and Wiles (1983: 181-182) list some of the barriers to successful implementation of clinical supervision. Their list of nine possible barriers has been paraphrased below.

1) Some jurisdictions pay lip service to clinical supervision without being willing to provide the necessary time, personnel, rewards, equipment, leadership and support.

2) Some jurisdictions assume that all teachers should have clinical supervision continuously. Instead, organizations must adopt new arrangements such as group, or self-supervision, cadres of floating teachers, the *rifle* rather than the *shotgun* approach, etc.

3) Supervisors who have the necessary skills must be selected or *training* must be given to those who lack these skills.

4) Teachers need to be given *training* and an opportunity to develop the understandings and skills for their new role in the supervisory process.

5) Organizations *must not yield* to the temptation of using clinical supervision as a system for evaluation of teachers for personnel decisions.

6) Individual *differences* amongst teachers need to be considered. The rigorous and inflexible application of a series of steps can be detrimental to achieving the goal of clinical supervision.

7) *Time* must be taken to establish mutual trust and respect since without these, clinical supervision cannot be effective.

8) Observations must be *objective*. However, since every person sees reality differently, discussions with the teacher are necessary to establish a *common reality*.

9) Supervisors must take steps to ease teacher *anxiety*.

Implementing clinical supervision in a school or school system cannot be accomplished by written order of an administrator. It requires the establishment of a planned system of consultation and explanation so that all participants know what is expected of them in the new system.

Krey, Netzer and Eye (1977: 18) say that smooth implementation of clinical supervision:

> "... requires that the delivery system model is, first of all, understood by the participants; secondly, that it is acceptable to the participants; and thirdly, that the model is followed precisely."

These authors later go on to say:

> "Everyone interacting must feel a sense of productivity, support, success, encouragement, or whatever provides support to ego; otherwise, benefits of the interaction will be reduced."

A significant problem that must be overcome when implementing clinical supervision is teacher resistance. The use of scientific management, scientism, rating scales, etc. has developed in teachers a strong mistrust of any new initiative that might bring supervisors into the classroom more often. Blumberg (1980) in his book Supervisors and Teachers: A Private Cold War illustrates the mistrust that has been built up between teachers and supervisors. Since clinical supervision requires a collegial relationship, this is the first barrier that must be overcome. Krey, Netzer and Eye (1977: 21) have said:

> "A non-punitive atmosphere must be created if evaluations are to result in positive outcomes .... Clinical supervision is structured to create a non-punitive atmosphere between supervisor and teacher."

Johnston (1982: 6) when discussing the implementation of clinical supervision said: "The greatest change was that teachers had to learn to trust the supervisors." The way to overcome teacher resistance and suspicion is to include teachers in all stages of the preliminary planning. If they are involved in developing the program and are assured that clinical supervision is not evaluation disguised, then they will react positively to efforts to improve instruction. (Johnston 1983: 2) However, the drive for change must be spread over a long time frame to allow participants to assimilate and internalize change. As Smyth (1983: 2) says:

> "The major reason it has taken so long for clinical supervision to catch on in schools has been the naive view that as long as new ideas purporting to improve teaching are presented in one-shot inservice workshops, then teachers will willingly embrace these new ideas and incorporate them into practice by some magical process akin to osmosis. In fact, incorporating new ideas into practice is a complicated and protracted process."

Smyth continues (1983: 5) "It is just as fanciful to expect teachers to embrace clinical supervision when they are forced to adopt it." It seems obvious that since clinical supervision is a collegial process it can only be successfully implemented when teachers fully participate in the planning for implementation. Sweezy (1983: 13) states "There has to be involvement from the beginning by both the teachers and the supervisory personnel."

Effective communication between supervisor and teacher is a must. Reavis (1978a: 17) identifies several factors that influence the quality of communication. He says:

> "The fundamental barrier to communication ... is concern for the supervisor's own interests, programs, and goals to the neglect of the teacher's interests, programs, and goals. To improve communication a supervisor must become a better listener ...."

Reavis says language (semantics), images, agenda anxiety, defensiveness, and contrary purposes are all barriers to effective communication.

Another major factor in successful implementation of clinical supervision is adequate preparation of those who are expected to conduct the supervision. As will be shown later, Johnston (1982), Bush (1971), Neville (1971), Cogan, (1973), Goldhammer (1969), and others, see a high level of competence in teaching as a major prerequisite for successful clinical supervision. The successful supervisor must also be able to conduct supervision in such a way as to enhance teachers' self-concept and to support ego; in short, to be a humanistic supervisor. Abrell (1974: 214) states:

> "The humanistic supervisor is characterized by the humanistic attitude; that is, a consistently overt attitude which reveals a definite preference for asking rather than telling, sharing rather than controlling, and trusting rather than mistrusting."

Clinical supervision could be considered a special case of human resources theory applied to education. Sergiovanni and Starrate (1979: 329) say:

> "We believe that when human resources supervision is self-consciously exercised within an organizational setting, it can

> simultaneously increase the effectiveness of the people involved and their job satisfaction and human growth."

This leads to the possibility that supervisors may be effective even if they are not professed followers of clinical supervision. They may be adherants of human resources theory and conduct themselves in ways that are consistent with established clinical supervision practices.

Blumberg (1980: 87) when discussing teacher satisfaction and fulfillment as a prerequisite for improved performance states that a teacher is likely to be successful when:

> 1) He feels a *communicative openness* when it is all right for him to share his concerns about himself with his supervisor, to disagree, to feed back to his supervisor any reactions he may have about their relationship, and so forth.
>
> 2) He feels a sense of his own *professional competence* by way of helpful feedback, though it may be critical, is given in a supportive manner,inducing growth and confidence.
>
> 3) He feels that his relationship with his supervisor and co-workers give him a *sense of colleagueship*, a collaborating share in the enterprise.
>
> 4) He senses that his supervisor and colleagues value his *worth as a person*; when he is not merely a cog, no matter how skillful or important, in a larger machine.
>
> 5) He senses that the organization, primarily through the behavior of his supervisor, is concerned with his *personal and professional growth*, with providing the climate and opportunities for the individual to mature, to reach whatever potential his skills and predispositions permit.

6) He feels a sense of *personal independence and freedom*; when he can make decisions affecting his work on his own or with the help of his supervisor or colleagues. The decision to seek help is not seen as a confession of inadequacy.

7) He feels a sense of *support for risk taking* and a concomitant sense that the failure of a new venture is not taken as a sign of immaturity and incompetence.

The above are the attitudes that clinical supervisors attempt to develop in order to create a climate where growth is possible. Clinical supervision merely supplies a pathway which human resource supervisors may follow.

Clinical supervision cannot be implemented by memo. If schools jurisdictions are serious about using clinical supervision they must take time to inform and discuss the process with those most affected - teachers and supervisors. They must also be prepared to train their supervisory staff to use the technique successfully. This requires that they be willing to commit sufficient funds for the development of supervisors. Finally, they must be prepared to wait for changes to become evident. Evolutionary change does not occur overnight and jurisdictions must be prepared to devote the necessary time and funds over long periods.

Another stumbling block to implementation is the role confusion generated in principals when they are mandated to perform both the supervisory and evaluative functions. Earlier in this chapter and in chapter I, the demand for and inevitability of formal evaluation was conceded.

However, the formal evaluation system does not lead to the improvement of instruction. It is necessary to engage in practices associated with clinical supervision in order to achieve the goal of improved instruction. Many school jurisdictions, perhaps in an effort to economize, perhaps in ignorance, have often placed the responsibility for both evaluation and supervision on the principal. This has doomed clinical supervision to failure from the start.

One of the prerequisites of clinical supervision is a collegial, trusting relationship between supervisor and teacher. Cogan (1973) considered this to be of such importance that he devoted the first phase of his model to the establishment of rapport. He also said (1976: 15) that "... the teacher in the role of subordinate may be unable to develop the autonomy and the sense of personal responsibility that characterize the behavior of the true professional." One cannot expect teachers to seek help with problems they may experience in the classroom if they know that the person to whom they must go for help is also the person who will perform a formal evaluation of them. Teachers cannot be expected to have this *lemming like* characteristic.

Enns (1965: 39) discusses this role conflict when he says:

> "The real task of the principal in his school- giving leadership in program development, in staff development, in creating an organizational climate conducive to teaching

> and learning .... are so important ... that to require teacher evaluation as well would divert attention and effort away from what seems to me to be the real concerns."

and Berg (1983: 14-15) states:

> "Formative evaluations, ... should be a continuous process concentrating on improving the performance of the teacher, and be diagnostic rather than judgemental .... Summative evaluation, on the other hand, should be independent of the staff of the school in which the teacher works, unless the teacher requests otherwise, in order to maintain objectivity, credibility and collegiality. Summative evaluations should not include the formative evaluator ...."

It follows that if the formal evaluation of teachers must be done and if the improvement of instruction through the supervision of teachers is desirable, then the two roles must be separated if they are to be effective. One means of accomplishing this separation would be to allow principals to get on with the job of supervision and have central office staff perform the evaluative function.

The problem of availability of time also needs to be considered. Clinical supervision, whatever its advantages, is a time consuming process. A clinical supervision cycle, whether Goldhammer's 5 step model or Cogan's 8 step model, takes a lot of an administrator's time. Harris (1976: 86) states:

> "Time is always a scarce commodity .... Time pressures are especially serious where clinical supervision is concerned because a substantial number of hours must be committed over fairly long time frames. Furthermore, the highly individual nature

> of the clinical relationship strains the time resources of both client and supervisor."

The actual performance of the elements of the clinical cycle is time consuming, but also, the elements must be scheduled for times that are convenient for the teacher and the supervisor. If classroom schedules are interrupted because the teacher has to leave for a pre or post conference, the goal of improved instruction will have already suffered a setback. For the supervisor, who in all likelihood, must visit more than one classroom per day, finding convenient times for conferencing can be a major scheduling problem.

Compentencies for Successful Clinical Supervision

What should be evident from the preceeding discussion of the process of clinical supervision and some of the problems related to its successful use, is that the competent clinical supervisor requires certain talents and abilities. The following will be a short discussion of some of these competencies.

Johnston (1982: 4) suggests two major areas in which supervisors must demonstrate ability: (1) competence in teaching, and (2) must have knowledge of new pedagogical skills. The possession of these two areas of skill will create credibility in the eyes of the teacher. Bush (1971: 37) suggests that credibility is the single most important factor in changing teacher behaviors. Neville (1971) identified human relations, technical competence, and managerial ability as being the three areas of competence most significant for effective supervisors.

Acheson and Gall (1980: 42-153) present a comprehensive list of strategies and techniques clinical supervisors should be able to uses in the classroom. Their list of 32 techniques is explained in their book Techniques in the Clinical Supervision of Teachers. The reader is also referred to Peter Mattaliano's 1977 doctoral dissertation entitled "Clinical Supervision: Key Competencies for Effective Practice". He suggests ten skill clusters. They are:

1) Basic supervisory procedures for all segments and phases of the supervisory function - pertinent to the supervisor's self.

2) Basic supervisory procedures for all segments and phases of the supervisory function - pertinent to developing the teacher's autonomy.

3) Supervision procedures useful in helping the teacher toward readiness for clinical supervision.

4) Planning - teacher/supervisor co-operative planning for helping the teacher to learn to plan and replan.

5) Planning - for the observation.

6) Planning - for the supervisory conference.

7) Observation.

8) Data analysis and preparation.

9) The supervisory conference - supervisory skills useful in the early stages of the teacher-supervisor relationships.

10) The supervisory conference - supervisory skills useful in helping the teacher become self-supervising.

In each skill cluster Mattaliano focuses upon several skills, eventually arriving at a list of 31 skills each with a number of sub-skills. While he concedes some of the skills are more important that others, each contributes to the development of an effective and efficient supervisor.

SUMMARY

Evaluation of teachers is not new. Early attempts focused on the teacher's personality and character as a measure of suitability for teaching. As educational systems become more structured and bureaucratized the responsibility for conducting teacher evaluations shifted from lay persons to professionals. At the same time, the focus of evaluation shifted slightly from emphasis on the person to attempts to improve the teacher's teaching. Scientific management and psychological measurement were attempts to improve the instruction given in classrooms. Unfortunately, both of these systems viewed evaluation and improvement of instruction as something that was done *to* teachers not *with* teachers.

As teachers became better trained and professionally organized, they demanded that they be included in evaluation and supervision schemes. They argued that formal evaluation did not really contribute to improved instruction. Teachers suggested that if instruction was to be improved, it would have to be through a co-operative, collegial effort between teachers and supervisors.

Clinical supervision was developed to meet the needs of teachers, supervisors, and the public, all of which sought the goal of improved instruction. The successful use of clinical supervision has been impeded by a number of factors. The continued demand by school jurisdictions and the public for evaluation has meant that much time and effort, that could have been directed towards supervision for improved instruction, has been diverted to meet the administrative need for evaluation. Failure to recognize that supervision and evaluation are different processes has led to suspicion and role conflict amongst educators. School jurisdictions need to recognize that any attempt to combine evaluation and supervision in one process or in one individual will result in failure. Finally, supervisors often lack the necessary skills and training to conduct clinical supervision successfully.

CHAPTER THREE

METHODOLOGY

OVERVIEW

This chapter will describe the methodology used to gather and analyze the data collected. Questionnaire development and design will be discussed and the sampling techniques employed will be explained.

QUESTIONNAIRE DESIGN

The data collection instrument was a mailed, self-administered, six page questionnaire. The instrument itself was developed with the assistance of the graduate students and staff of the Department of Educational Administration. The questionnaire was also pre-tested with a group of principals who were attending summer classes at the University of Alberta. While the questionnaire is an original document, several elements of it are owed to Frank Boulet (1981) and John Reikie (1977) from whose theses certain questions were adapted.

The purpose of the study was to determine whether or not the practices of clinical supervision were being used, and if they were, to what extent were the activities of the process used by Alberta elementary school principals in supervising teachers.

It was decided to obtain information from principals since, according to Berg (1983: 19), MacKay (1978: 1) and Enns (1965: 33) the principal should have the prime responsibility for supervising teachers and the improvement of instruction. Elementary school principals were chosen to be the focus of this study because of the importance of high quality instruction at this level and to reduce the overall number of respondents to a manageable size.

Parts "B" and "C" of the questionnaire contained items that related to the three major areas of activity for clinical supervision: (1) Pre-observation activities, (2) Observation activities, and, (3) Post-observation activities. The headings of Goldhammer's five stages or Cogan's eight phases were not used since to do so would have been to assume that principals were in fact using clinical supervision and, secondly, that they were familiar with the terminology of the system. Since the intent of the questionnaire was to determine the extent of use, not the familiarity with the jargon, questions were asked about present practices of supervision. Principals could answer these questions without, necessarily being cognizant of the terminology of the process of clinical supervision.

The possibility of a principal being an effective human resources supervisor and not be using clinical supervision was discussed in Chapter 2. It is possible for a principal to be employing the techniques and strategies of clinical supervision without being familiar with the formal theory. The questionnaire was designed in such a way that these principals would be recorded as having a high level of use of clinical supervision.

Section "A" requested demographic data that was necessary to determine if factors such as size of school, university education,experience or age had any effect on the degree of use of the practices of supervision. The possible effects of these factors will be analyzed in Chapter 4. The sex of the principal was not considered to be a critical factor in determining use of clinical supervision and respondents were not asked to identify their gender. Response choices for age and experience questions were categories rather than exact numbers. The complete questionnaire is included in appendix B.

First time principals were not to be included in the study since they may not have had time to develop and implement a supervisory program. Question A4 was used to identify these principals. a respondent who checked response "1" in A4 was disqualified from further participation in the study. It was necessary to send questionnaires to all selected schools since it would have been impossible to determine the experience level of the principals beforehand. The elimination of first time principals reduced the number of respondents in the sample.

In sections "B" and "C" the following questions related to the three major activity areas identified above.

Pre-observation	B3-B5, B8, B10-B13
Observation	B7, B9, B14-B18
Post-observation	B19-B22, C1-C13

The questionnaire consisted of rating scale questions, Yes/No type questions and open ended questions. The rating scale questions were a four point modified Likert scale with "1" representing "very often" and "4" representing "very seldom". It should be noted that for analysis and interpretation purposes the responses were inverted so that "1" represented the lowest degree of use. The four point scale allowed principals to choose an indicator that most accurately described their practices. Analysis was based upon the degree of use not upon an absolute judgement of whether or not a principal was using clinical supervision. The use of a four point scale from "very often" to "very seldom" avoided the use of absolute terms such as always or never which participants may have been reluctant to choose. A four point scale was considered useful because it forced respondents to choose while eliminating the central tendency phenomenon common in five point scales. (Orlich 1978:54)

SAMPLING

Only elementary schools of four or more classrooms were eligible to be surveyed. Private schools and schools operated by the Department of Indian Affairs and Northern Development or by the Department of National Defence were not included. Also schools containing grades K-12 or 1-12 were excluded from the eligibility lists. A lists of operating schools in the province was obtained from Alberta Education and a catalogue of eligible schools was made. There were 898 schools in the province that met the above requirements.

It was considered useful to examine principals' practices in both urban and rural settings and in large and small schools. The urban/rural distinction was made on the basis of the size of the population centre in which the school was located. The decision on urban/rural classification was made regardless of what school jurisdiction operated the school. Centre of 10 000 population or more were designated as urban, less than 10 000, as rural.

Large and small schools were defined differently for urban and rural settings. Lists of urban and rural schools were made and the number of classrooms in each was noted. The median number of classrooms for each list was then computed. For the rural setting, schools of 12 or more classrooms were designated as large and schools of 11 or fewer classrooms were small. In the urban setting, schools of 16 or more classrooms were large and 15 or fewer classroom schools were small. The result was four lists as follows:

TABLE 3.1

NUMBER OF SCHOOLS IN UL, US, RL, RS CATEGORIES

	Number	% of Total
Urban Large (UL)	291	32.41%
Urban Small (US)	277	30.85%
Rural Large (RL)	169	18.82%
Rural Small (RS)	161	17.93%
	898	100.1%

Since it would be too time consuming and costly to survey all 898 principals, a proportional random sample was drawn from each strata of the population. While no absolute formula exists for determining the sample size so that results can be assumed to be representative of the population, Orlich (1978: 89) provides a table of representative samples sizes for different population sizes. According to his table, for a population of 900, a sample size of 269 would be necessary. It was decided to send out 300 questionnaires to allow for failure to respond. The following number of schools in each category were selected to be surveyed:

TABLE 3.2

NUMBER OF SCHOOLS SURVEYED IN UL, US, RL, AND RS CATEGORIES

Urban Large (UL)	32.41% x 300 =	97
Urban Small (US)	30.85% x 300 =	93
Rural Large (RL)	18.82% x 300 =	56
Rural Small (RS)	17.93% x 300 =	54
		300

All schools in the four lists were given a number and a table of random numbers was consulted to determine which schools would be surveyed.

When the respondents had been selected, it was necessary to contact the superintendents of the jurisdictions in which the schools were located. Letters asking the superintendent's approval to send questionnaire to selected schools in their jurisdictions were mailed on 29 June 1984. The superintendents were sent a covering letter (Appendix A) explaining the purpose of the study, a copy of the questionnaire, and a list of schools selected from their jurisdiction. After six weeks, 10 August 1984, follow-up letters were sent to those superintendents who had not yet responded (see Appendix A). Thank you letters to those superintendents who had approved the study were also mailed on this date (see Appendix A). Of the eighty-two jurisdictions contacted only one refused permission to conduct the study and there were 2 who did not return their consent forms. One jurisdiction imposed a limit as to the number of schools that could be surveyed.

DATA COLLECTION

The number of questionnaires actually sent was reduced according to the restrictions noted above. The actual number sent was as follows:

UL	US	RL	RS	Total
90	83	56	51	280

The questionnaire was mailed to principals on 27 September 1984. A three week wait for returns was considered ample time for principals to have responded. Those who had not done so were sent a follow-up letter (see Appendix A) and a second copy of the questionnaire on 16 October 1984.

The following table shows the distribution of returned questionnaires.

TABLE 3.3

DISTRIBUTION OF RETURNED QUESTIONNAIRES

	UL	US	RL	RS	Total
Sent	90	83	56	51	280
Returned by 15 Oct.	60	62	40	30	192
Returned due to follow up	14	16	11	11	52
Total return	74	78	51	41	244 **
Rejected*	4	8	3	5	20
Total usable	70	70	48	36	224
% usable of total sent	77.78	84.34	85.71	70.59	80.00

* Cause for rejection included; (1) inexperienced principal, (2) refusal to complete questionnaire, and (3) failure to complete all sections of the questionnaire.

** Total return rate was 87.14%

DATA ANALYSIS

The questionnaire was designed in such a way that data could be transferred to data cards directly from the document. This eliminated the need for creating a separate coding sheet. Responses to the open ended questions such as that related to peer supervision were compiled into groups of similar statements or themes and were tabulated by hand.

The first task of the analysis was to obtain a factor analysis that would confirm or negate the division of clinical supervision into technical procedures and interpersonal factors which are the two essential components of the process that were discussed in Chapter 2. The results of the factor analysis can be seen in Chapter 4.

Tables showing the average number of visits per year principals made to four categories of teachers were created and analysis of variance conducted to see if there were any significant differences between any two groups of principals.

Principals perceptions of the important functions of a principal were tabulated and ranked. An analysis based on Pearson product correlation coefficients was conducted to see if there were any relationships between the ranking of important functions of a principal and the frequency of use of Pre-observations, Observations, Post-Observations, and Total activities of clinical supervision.

Mean scores for each item relating to the activities of supervision were calculated for each group of respondents and an analysis of variance was used to determine if there were any significant differences.

A summary score was then created for each group of respondents on each of the three areas of supervisory activities. The summary scores consisted of the mean of the means of all respondents in a group to the items included in an activity area. An analysis of variance compared these scores to see if there was a difference between any of the groups of principals on Pre-observation, Observation, Post-observation and Total activities.

The frequencies for each response to the demographic variables was computed and displayed in tabular form. A Pearson product correlation coefficient determined if there were significant relationships between any of the demographic variables. Analysis of variance was conducted to see if the three demographic factors selected had any influence on the use of clinical supervision.

Analysis of variance was used extensively to compare UL, US, RL, and RS categories for the use of clinical supervision. The use of ANOVA requires that the distribution of the independent variable in a population is normal. Also the variance in the population from which the sample is drawn are equal, finally, the effects of various factors on the total variation are additive rather than multiplicative (Ferguson 1981: 245-46).

There is no reason to suspect that the population of elementary school principals in Alberta does not meet any of the above assumptions. The population is large enough that a normal distribution can be expected, the samples are large enough that normal variance can be expected and, the effect of the identified factors on variance is assumed to be additive.

However, even if these conditions were not met, ANOVA is robust enough to accept moderate infractions of the underlying assumptions. As Ferguson (1981: 246) says:

> "One advantage of the analysis of variance is that reasonable departures from the assumptions of normality and homogeneity may occur without seriously affecting the validity of the inferences drawn from the data."

SUMMARY

The population for this study was all elementary schools in the province. The population was divided into four categories of schools depending upon size and location. A representative sample was drawn from these four lists and superintendents were contacted for their approval to send questionnaires. Questionnaires were sent to principals and the data collected was analyzed by computer. Extensive use was made of analysis of variance and Pearson product correlations to measure the relationships between a number of factors and the use of clinical supervision. A full report of the results of analysis will be the topic of Chapter Four.

CHAPTER FOUR

RESULTS AND INTERPRETATION OF DATA

INTRODUCTION

Chapter four reports the analysis of the collected data. A factor analysis was conducted to determine the internal validity of the instrument. The relationships between demographic factors and the use of clinical supervision was examined.

The purpose of this study was to determine the level of use of clinical supervision practices in Alberta elementary schools. Since the process consists of a number of stages or phases, it would have been difficult to have said absolutely, that clinical supervision is or is not being used. Therefore, respondents were asked to choose a degree of use on a four point Likert scale. Possible values ranged from 1 - 4 inclusive with 1 representing the lowest possible level of use and 4 indicative of the highest possible level of use. Since statistical means were used, all fractional values between 1 and 4 inclusive were possible and could be interpreted as indicating a level of use of clinical supervision.

Analysis of variance was used extensively and all differences reported are statistically significant at the .05 level.

FACTOR ANALYSIS

As was shown in Chapter two the process of clinical supervision, whether it be Goldhammer's five stage model or Cogan's eight phase model, can be divided into two distinct factors. These are: (1) the technical procedures, that is, scheduling of conferences, planning, data gathering, and analysis of data, and, (2) the interpersonal factors such as notification of visitation, rapport building, sensitivity to teacher needs, and developing a co-operative approach to supervision.

These two factors were kept in mind during the design of the questionnaire. A factor analysis was conducted to see whether or not the questions pertaining to the principals' practices of supervision did indeed fall into the two categories mentioned above. The results of the factor analysis are given in Table 4.1 below. Those items that loaded at 0.4 or greater are included. For a complete list of all items and their loading, see Appendix C.

A brief reading of the items in each factor shows that Factor 1 included the technical and procedural components of clinical supervision. Factor 2 included those questions that concentrate on the inter-personal, human relations aspect of clinical supervision. It is, therefore, concluded that since factor analysis coincides with the structure imposed on construction of the questionnaire, the

TABLE 4.1

LISTING OF ITEMS LOADED GREATER THAN .4 IN 2 FACTOR ANALYSIS

FACTOR 1: Technical Procedures	LOADING	FACTOR 2: Interpersonal Procedures	LOADING
Organizing notes after observation	.687	Consider Teacher's anxiety level?	.635
Take notes during observation?	.644	Encourage self-analysis	.580
Suggest observational strategies	.642	Give praise and encouragement?	.568
Provide alternative teaching strategies?	.598	Is teacher comfortable discussing lesson?	.516
Discuss what the teacher is going to do?	.584	Concentrate on a few items for discussion	.504
Observe student behavior?	.546	Make AV tapes of discussions?	.500
Use seating plan?	.531	Encourage teacher analysis of supervisor	.463
Observe for at least 30 minutes	.489	Teacher does most of the talking?	.444
Chance for revisons in lesson plans	.461	Look for patterns in data to discuss	.414
Teacher able to rehearse?	.417		
Teacher notified of visit?	.407		

instrument possess internal validity and provided an accurate assessment of what it was designed to measure.

RESPONDENT'S DEMOGRAPHY

A number of demographic characteristics may have had an influence on a principal's decision to use or not to use the supervisory practices that could represent aspects of the use of clinical supervision. Accordingly, the respondents were asked to provide information about their university education, age, total experience,present location experience, number of teachers, number of vice principals, and percent of administration time. The following section of this chapter describes these characteristics for the four groups of principals, Urban Large (UL), Urban Small (US), Rural Large (RL) and Rural Small (RS).

Education

A respondent's level of completed university education may have had an effect on the familiarity with and the use of clinical supervision practices. Presumably, the longer time a principal has spent at a post secondary institution, the more likely it is that he will have been exposed to clinical supervision either through class work or through readings. The following table summarizes principals' years of university education.

TABLE 4.2

YEARS OF UNIVERSITY EDUCATION

Education	UL	%total	US	%total	RL	%total	RS	%total	Total
4 years	7	10.0%	9	12.9%	15	31.3%	18	50.0%	49
5 years	19	27.1%	15	21.4%	19	39.6%	8	22.2%	61
6 years	28	40.0%	38	54.3%	11	22.9%	9	25.0%	86
7 years	11	15.7%	6	8.6%	2	4.2%	-	-	19
7+ years	5	7.1%	2	2.9%	1	2.1%	1	2.8%	9
Total	70	99.9%	70	100.1%	48	100.1%	36	100.0%	N=224*

* number of respondents

In general, UL and US principals have more university education than RL or RS principals. Sixty-two point eight percent of UL principals and 65.8 percent of US principals had six or more years of university education while only 29.2 percent of RL principals and 27.8 percent of RS principals had 6 or more years of university.

An analysis of variance was conducted to see if the difference noted above was significant. It was found that a number of difference existed. Scheffe procedure established the following sets of different pairs: RS - UL, RS - US, RL - UL, and RL - US. Since both the rural categories differ significantly from the urban categories it would indicate that the setting of the school is the determining factor accounting for these differences.

The differences found are, perhaps, not surprising since the universities are located in urban centres. The differences may be a result, simply, of the proximity and the availability of university institutions. It was thought that the differences noted above may have had an effect on the use of clinical supervision. The possible existence of such a relationship will be examined later in this chapter.

Age

The second demographic characteristic that respondents were asked to respond to was age. Age categories rather than specific ages were listed for the principal to choose from. Each age category spanned five years. Table 4.3 shows the frequency distribution of the responses. It is interesting to note that even with the use of age categories, one respondent refused to answer the question. The size of the sample for this question is, therefore, 223 rather than 224.

It would seem that school jurisdictions are appointing principals who have extensive experience to their larger schools. Older and, therefore, more experienced principals were most common in UL schools where 78.6 percent of the principals were over 40 years of age. In RS schools, only 52.8 percent were over 40 years of age. An analysis of variance showed there were no significant differences between the ages of any two groups of principals.

TABLE 4.3

AGES OF RESPONDENTS

Age in years	UL	%total	US	%total	RL	%total	RS	%total	Total
26-30	-	-	1	1.4%	1	2.1%	2	5.6%	4
31-35	5	7.1%	2	2.9%	1	2.1%	7	19.4%	15
36-40	10	14.3%	16	23.2%	12	25.0%	8	22.2%	46
41-45	31	44.3%	20	29.0%	15	31.3%	7	19.4%	73
46-50	11	15.7%	17	24.6%	13	27.1%	6	16.7%	47
50+	13	18.6%	13	18.8%	6	12.5%	6	16.7%	38
Total	70	100.0%	69	99.9%	48	100.1%	36	100.0%	N=223*

* number of respondents

It may be speculated that the number of older principals may be a result of the present economic situation and the resulting lower staff turn-over. Later in this chapter the possible relationship between age and the use of clinical supervision will be examined.

Experience

Table 4.4 shows the distribution of principals' total experience. This question had two purposes, to obtain experience levels and to sort out first time principals. The first category was "starting this year". Principals who checked this category were excluded from further

TABLE 4.4

TOTAL EXPERIENCE LEVELS

Experience in years	UL	%total	US	%total	RL	%total	RS	%total	Total
1-3	4	5.7%	15	21.4%	3	6.3%	8	22.2%	30
4-6	19	27.1%	18	25.7%	10	20.8%	10	27.7%	57
7-9	11	15.7%	10	14.3%	11	22.9%	3	8.3%	35
10-12	11	15.7%	7	10.0%	5	10.4%	5	13.9%	28
12+	25	35.7%	20	28.6%	19	39.6%	10	27.8%	74
Total	70	99.9%	70	100.0%	48	100.0%	36	100.0%	N=224*

* number of respondents

participation in the study for the reason given in Chapter three. Experience level categories spanned three years.

More experienced principals tend to gravitate towards larger schools. More than half (51.4%) of all UL principals have more than ten years experience, while only 38.6 per cent of US principals have that level of experience. The situation is similar in the rural setting with 50 percent of RL principals at ten or more years experience level and 41.7 percent of RS principals at that level. The largest percent of principals with six or fewer years of experience occurs in US schools with 47.1 percent of principals in that category. This would appear to indicate that urban jurisdictions are appointing younger, less experienced principals to the principalships of their smaller schools.

Despite these obvious differences, an analysis of variance significant at the .05 level did not produce any statistically significant differences between the groups. The probability was given as 0.0531, a figure that approaches statistical significance.

Another experience variable was number of years in present location. In this question, principals who stated they were "starting this year" were included in the survey since they may have developed either implicit or explicit supervision practices at their last school.

TABLE 4.5

PRESENT LOCATION EXPERIENCE

Experience in years	UL	%total	US	%total	RL	%total	RS	%total	Total
starting	12	17.1%	5	7.1%	2	4.2%	6	17.1%	25
1-3	17	24.3%	28	40.0%	11	22.9%	7	20.0%	63
4-6	27	38.6%	25	35.7%	12	25.0%	8	22.9%	72
7-9	10	14.3%	10	14.3%	8	16.7%	3	8.6%	31
10-12	2	2.9%	1	1.4%	7	14.6%	6	17.1%	16
12+	2	2.9%	1	1.4%	8	16.7%	5	14.3%	16
Total	70	100.1%	70	99.9%	48	100.1%	35	100.0%	N=223*

* number of respondents

The time that a principal had spent in a particular school was thought to be a possible factor influencing the use of clinical supervision practices. The interesting point to make from the results of this question is that most principals tend to be in the four to six year level. This is true for UL principals (38.6%), RL principals (25.0%) and RS principals (22.9%). Only in US schools was the most common experience level one to three years with 40.0 percent of US respondents reporting that level. These figures indicate that principals tend to move location fairly frequently in all situations, urban and rural.

Analysis of variance and Scheffe procedure showed statistically significant differences exist between US and RL principals and between UL and RL principals.

It is also interesting to note that 17.1 percent of UL principals were starting at their schools this year.

Size of Staff

Requesting principals to identify numbers of full time equivalent certified teachers reduced the possibility of confusion that asking for "number of staff" might have caused. The responses available were categories, each containing a range of five. There were no schools smaller than 4 teachers since this was a delimitation of the study (see Chapter 1).

Number of staff was one of three size variables about which respondents were asked to provide information. It was thought that size of school might be related to the degree of use of clinical supervision practices. The

TABLE 4.6

NUMBER OF FULL TIME EQUIVALENT TEACHERS

F.T.E.	UL	%total	US	%total	RL	%total	RS	%total	Total
4-8	-	-	21	30.0%	-	-	27	77.1%	48
9-13	-	-	32	45.7%	15	31.3%	8	22.9%	55
14-18	18	26.1%	17	24.3%	12	25.0%	-	-	47
19-23	27	39.1%	-	-	10	20.8%	-	-	37
23+	24	34.8%	-	-	11	22.9%	-	-	35
Total	69	100.0%	70	100.0%	48	100.0%	35	100.0%	N=222*

* number of respondents

overlap between number of UL, US, RL, and RS schools can be understood by referring to delimitations five and six in Chapter one.

Analysis of variance and Scheffe produced a large number of statistically significantly different pairs. They are: RS - UL, RS - US, RS - RL, US -RL, US - UL, and RL - UL. This is not a surprising finding since one of the criteria for selection of the sample was size.

Number of Vice Principals

The presence of vice principals or assistant principals in a school may have an effect on the use of clinical supervision. If some of the administrative duties can be performed by persons other than the principal then the principal may have more time for supervision. Table 4.7

TABLE 4.7

NUMBER OF VICE PRINCIPALS AND/OR ASSISTANT PRINCIPALS

Vice Principals	UL	%total	US	%total	RL	%total	RS	%total	Total
0	7	10.0%	42	60.0%	7	14.6%	27	77.1%	83
1	35	50.0%	28	40.0%	39	81.3%	8	22.9%	110
2	27	38.6%	-	-	2	4.2%	-	-	29
3	1	1.4%	-	-	-	-	-	-	1
Total	70	100.0%	70	100.0%	48	100.1%	35	100.1%	N=223*

* number of respondents

indicates the number of vice principals in the surveyed schools.

Vice principals do not seem to be as numerous as they once were with 83 of 223 respondents (37.2%) reporting no vice principals and 110 of 223 respondents (49.3%) reporting one vice principal. These two categories account for 86.55% of the respondents. Only one school, an UL school, reported having three vice principals.

Once again analysis of variance and Scheffe produced a range of statistical differences between the groups of principals. They are: RS - RL, RS - UL, US - UL, US - RL, US - UL, and RL - UL.

Administration Time

Practices associated with clinical supervision are time consuming. The availability of time to perform the assorted administrative tasks of a principal is a major consideration. Since some principals may have considered a request for the amount of administration time to include all the time they spend related to school functions, it was decided to ask the principals to identify what percentage of their school day they spend in classroom teaching. To arrive at Table 4.8, the responses were simply inverted. Thus if a principal indicated he spent 0 - 25% of his time teaching, he would be reported as having 76 - 100% administration time.

TABLE 4.8

ADMINISTRATION TIME

% Admin. Time	UL	%total	US	%total	RL	%total	RS	%total	Total
0-25	-	-	2	2.9%	-	-	17	48.6%	19
26-50	-	-	11	15.7%	6	12.5%	10	28.6%	27
51-75	13	18.8%	26	37.1%	23	47.9%	7	20.0%	69
76-100	56	81.2%	31	44.3%	19	39.6%	1	2.9%	107
Total	69	100.0%	70	100.0%	48	100.0%	35	100.1%	N=222*

* number of respondents

What was immediately obvious was that rural principals generally have less administration time than their urban counterparts. Fully 82.2 percent of UL principals had 76-100 percent administration time. The percentage of US, RL, and RS principals with that amount were 44.3 percent, 39.6 percent and 2.9 percent respectively. A very high percentage (48.6%) of RS principals had less than 25 percent administration time.

The observations above were confirmed by an analysis of variance and a Scheffe procedure which showed statistically significant differences between all groups. The differences identified were: UL - RL, UL - US, UL - RS, RL - RS and US - RS.

CORRELATION OF DEMOGRAPHIC VARIABLES

Having completed all tabulations for demographic variables, it was decided to investigate the possibility that strong correlations existed among and between the variables. If correlations existed, then analysis of the effects of these demographics on the use of clinical supervision practices could be limited to one of a group of correlated variables. Accordingly, a Pearson R correlation test was conducted on the seven demographic variables. The results are shown in Table 4.9.

Education was weakly correlated with age, number of vice principals and present experience. Education was also strongly correlated with number of teachers and percent

TABLE 4.9

PEARSON R CORRELATION OF DEMOGRAPHIC VARIABLES

	Education	Age	Total Exp.	Present Exp.	F.T.E.	Vice	% admin. time
EDUCATION	1.00						
AGE	.133	1.00					
TOTAL EXP.	.005	.532	1.00				
PRES. EXP.	-.173	.322	.518	1.00			
F.T.E.	.180	.078	.198	-.008	1.00		
VICE	.151	.089	.221	-.017	.711	1.00	
%ADMIN TIME	-.283	-.090	-.084	.153	-.618	-.445	1.00

Correlation coefficients significant at the .05 level are underlined administration time. It would seem that principals with more education have been given larger schools and, therefore, more administration time. The correlation among education, age and number of vice principals can be explained. Most likely those principals with higher levels of education are older simply because they have spent more years in university. As was explained earlier principals with high levels of education are appointed to larger schools and, therefore, have more vice principals. One key to all of these relationships was seen to be university education.

Age was strongly correlated with both total and present location experience. This was hardly surprising since to amass any amount of experience, one must also increase in chronological age. The key here was experience level.

Total experience was also strongly correlated with present location experience, number of teachers and number of vice principals. Obviously, since present location experience forms a part of total experience the two would be highly correlated. Again, more experienced principals are appointed to larger schools and, therefore, more vice principals are likely to be involved. Once again one key to these relatioinships is experience.

Number of teachers, number of vice principals and percent administration time proved to be highly correlated.

The larger the number of teachers, the more likely that there would be more vice principals. These two variables were indicative of size of school, and the larger the school the more administration time the principal is likely to have been allocated. The key to these relationships was percent of administration time.

From the above discussion it would appear that there were three major demographic factors against which the use of clinical supervision should be compared. They are: (1) level of university education, (2) total experience, and (3) percent administration time.

Before this can be done, it is necessary to develop a standard score for the use of clinical supervision for each group of principals, that can be used for comparison.

ACTIVITY GROUPS FOR CLINICAL SUPERVISION

As was stated in Chapter three the questionnaire concentrated on the principals' present practices of supervision. Parts "B" and "C" contained questions that directly related to these practices. The clinical process involves three basic elements or activity area, which are: (1) Pre-observation activities, (2) Observation activities, and (3) Post-observation activities. These can be related to Cogan's and Goldhammer's arrays of phases and stages as shown in this table;

TABLE 4.10

COMPARISON OF THE CLASSIC MODELS OF CLINICAL SUPERVISION AND THE THREE BASIC ACTIVITY GROUPS

	Pre-observation Activities	Observation Activities	Post-observation Activities
Cogan's phases of the Cycle of Supervision	1) Establishing the Relationship 2) Planning for teaching 3) Planning for observation	4) Observing Instruction	5) Analyzing the data 6) Planning the Conference 7) The conference 8) Renewed planning
Goldhammer's stages of the Sequence of Supervision	1) Pre-observation conference	2) Observation	3) Analysis and strategy 4) The conference 5) Post conference analysis

Table 4.11 shows the means and standard deviations for the four groups of principals on each item in the three activity areas stated above. The table also indicates those items on which statistically significant differences occur among and between the four groups.

Several interesting points can be drawn from the Table 4.11. In the set of Pre-observation activities, it would seem to be common pratice for principals to notify teachers of impending visitation. Three of the four groups rated this item higher than 3 but it should be noted that the standard deviation for US and RL principals are greater than one. This would indicate that there is considerable variation among individuals.

Principals also tended to ask for lesson plans with all groups scoring ± .23 from three. Rural small schools scored the lowest and showed the most variation. Although most principals asked to see a lesson plan,the practice of allowing teachers the opportunity to rehearse their lesson was rated very low by all groups of principals. The opportunity to revise lesson plans was the one item in Pre-observation activities on which significant differences among the groups were noted. The Scheffe procedure shows that statistically significant differences exist between the following pairs: RS - UL, and RS - US. This practice is significantly less common in RS schools than in schools in the urban setting. However, with all groups scoring ± 1.37

TABLE 4.11

MEANS OF RESPONDENT GROUPS BY QUESTIONNAIRE ITEM

	UL		US		RL		RS		
PRE-OBSERVATION	mean	sd	mean	sd	mean	sd	mean	sd	F ratio
Teacher notifiedof Visit?	3.19	.83	3.07	1.00	2.71	1.07	3.05	.97	2.47
Request lesson plan?	3.01	.76	2.77	.99	3.23	.89	2.97	1.03	2.52
Discuss content and methodology?	2.78	.90	2.77	.94	2.40	.96	2.56	.97	2.13
Suggest observational techniques?	2.98	.68	2.91	.62	3.10	.62	2.57	.81	2.46
Is teacher comfortable?	3.37	.60	3.38	.49	3.45	.51	3.24	.70	.55
Chance for revisions?	2.69	.88	2.87	.71	2.63	.93	2.17	.99	4.68*
Give Explicit directions?	2.90	.83	2.96	.77	2.87	.92	3.26	.89	1.74
Teacher able to rehearse?	1.43	.58	1.49	.63	1.49	.69	1.41	.86	.16
OBSERVATION									
Observe student behavior?	3.50	.58	3.54	.50	3.59	.59	3.38	.50	.60
Note other activities?	2.08	.59	2.16	.68	2.05	.90	1.82	.80	1.20
Develop own data collection instrument?	2.91	.89	2.83	.79	2.80	.86	2.47	.99	1.99
Use seating plan?	2.21	.97	2.12	1.03	2.06	.99	1.83	1.10	1.10

TABLE 4.11 (cont'd)

PRE-OBSERVATION	UL mean	UL sd	US mean	US sd	RL mean	RL sd	RS mean	RS sd	F ratio
Use audio or video recordings?	1.22	.45	1.41	.69	1.26	.44	1.03	.17	4.39*
Take comprehensive notes?	3.01	.95	3.06	.81	2.85	.99	2.77	1.03	1.03
Remain at least 30 minutes?	3.51	.66	3.57	.65	3.52	.78	3.37	.91	.50
POST-OBSERVATION									
Organize notes?	3.44	.66	3.46	.56	3.30	.76	3.23	.97	1.13
Given written report?	3.35	.82	3.10	.87	3.04	1.10	3.21	1.12	1.21
Data only for formative?	2.97	1.03	3.11	.90	3.19	.82	3.21	1.15	.66
Teacher analyze you?	2.71	.85	2.85	.82	2.91	.96	2.89	1.02	.63
Look for patterns?	3.38	.62	3.38	.55	3.32	.66	3.15	.57	1.29
Can substantiate comments?	3.57	.50	3.59	.49	3.53	.50	3.55	.51	.17
Teacher anxiety considered?	3.35	.59	3.42	.60	3.34	.56	3.36	.60	.22
Give praise and encouragement?	3.77	.43	3.75	.47	3.74	.44	3.68	.47	.33
Concentrate on a few topics?	3.51	.50	3.60	.52	3.43	.54	3.53	.61	1.04

TABLE 4.11 (cont'd)

POST-OBSERVATION	UL mean	UL sd	US mean	US sd	RL mean	RL sd	RS mean	RS sd	F ratio
Teacher does most of the talking?	2.57	.76	2.62	.91	2.50	.61	2.80	.73	.68
Give list of alternative strategies?	2.10	.67	1.96	.66	1.96	.51	2.35	.92	3.07*
Teacher critically examines own lesson?	3.12	.56	3.17	.51	3.15	.59	3.12	.64	.15
Comments based on intuition	3.00	.69	3.07	.72	2.94	.69	3.00	.75	.37
Review own techniques	3.01	.56	3.13	.52	3.09	.41	2.97	.71	.89
Makes tapes of discussions	1.12	.32	1.19	.39	1.09	.28	1.03	.17	2.11

* indicates statistically significant differences at the .05 level

from 2.50 it can be stated that the opportunity for teachers to revise lesson plans is not common anywhere.

The results described above indicate that principals tend to be very cursory in the performance of Pre-observation activities in the sense of clinical supervision practices. As a rule, teachers are not consulted about what observational techniques could be used, they are not able to rehearse or revise lessons, and the principal still plays a directive, authoritarian role in deciding what pedgological techniques are appropriate.

All groups of principals have indicated that they are concerned with the delivery of quality instruction and its effect on students. On the items that asked whether student behaviors were observed in relation to teacher behaviors, all groups of principals scored ± .09 from 3.5. This indicates a very high level of use. Most principals take notes during observation although this is a more common practice in urban schools than in rural schools. Also, the length of the visit is usually more than thirty minutes, with all groups scoring ± .13 from 3.5 on this item.

It should be noted that the item that requested information on the use of a seating plan was widely misinterpreted. The question was designed to determine whether or not a seating plan was used as an observational aid for such things as patterns of movement, question distribution, etc. The question was interpreted by many respondents to question their knowledge of the students. Remarks written on the questionnaire such as "I know all the students!" were common.

The only item in Observation activities for which a statistically significant difference was noted was the use of audio or video recordings. Scheffe pair-wise contrasts showed that a statistically significant difference existed between RS and US schools. However, since the highest group mean was 1.41, this practice was very rarely used by any of the group of principals. Overall, it would appear that supervisors are abandoning the "pop in - pop out" type of visitation in favour of a longer period of observation. They are also taking more extensive notes and attempting to relate instruction to student behaviors.

The Post-observation activities consisted of the last three of Goldhammer's stages. Most principals reported taking time after observation to analyze and organize their notes. The means for each group of principals were ± .16 from 3.30 indicating a high level of use. Respondents also rated high on looking for patterns in the data with all groups of principals scoring in the range ± .15 from 3.30.

Interestingly, there was conflict between the two items designed to measure the subjectivity of the comments made to teachers. When respondents were asked if their comments could be substantiated from the collected data, all groups scored in the range ± .04 from 3.55. However, on the negatively phrased question, where a low number represents more desirable practice, asking about the use of intuition, principals also scored high at ± .07 from 3.00. This indicated a conflict between the knowledge that comments should be based on objective data and the desire to communicate feelings and impressions to the teacher.

Principals did not appear to favour a directive role in suggesting alternative strategies to the teacher. This item was negatively phrased and all groups scored ± .35 from 2.00, indicating a relatively low level of use. This would appear to indicate a positive move towards teacher initiated discussion and self-analysis. This was also the only item in Post-observation activities on which a statistically significant difference was found. Scheffe procedure identified the following pairs: RS - US and RS - RL. This indicated that RS principals are significantly more directive than are the principals of US and RL schools.

ANALYSIS OF SUMMARY SCORES

Summary scores were created for each of the four groups of principals. These scores were created by taking the mean of means for all items in a set of activities. The development of these scores was necessary to compare the frequency of use of practices associated with clinical supervision.

TABLE 4.12

COMPARISON OF SCALE SCORES FOR USE OF CLINICAL SUPERVISION BY GROUPS OF PRINCIPALS

	UL		US		RL		RS		
	mean	sd	mean	sd	mean	sd	mean	sd	
Pre-observation observation	2.75*	.44	2.71	.52	2.61	.49	2.67	.48	N=224
Observation	2.62	.40	2.65	.39	2.50	.45	2.35	.47**	N=221
Post-observation	3.16	.31	3.18	.25	3.11	.30	3.16	.28	N=224
Total Activities	2.92	.28	2.93	.26	2.86	.30	2.85	.26	N=224

* all values represent the average level of use

** Scheffe identified these differences US-RS and UL-RS

N represents number of respondents

It is interesting to note that on Pre-observation activities, Post-observation activities and Total activities, there was no significant differences among the four groups of principals. Only on Observation activities did any difference appear. The practice of observation in US and UL schools is significantly different, statistically from the practice of RS schools. Since both urban groups differ from the RS group it is assumed that the difference relates to differences found between urban and rural schools. Since RS schools were the smallest schools in the survey, it is logical to assume that the difference has something to do with size and, therefore, the availability of administration time.

This supposition was checked in the following section which describes the effect of the three demographic variable identified earlier had on the use of clinical supervision.

THE EFFECT OF DEMOGRAPHIC VARIABLES ON CLINICAL SUPERVISION

Each of the three demographic variables identified earlier in this chapter were compared with the summary scores for use of clinical supervision that were developed.

Conducting an Analysis of Variance on education and Pre-observation, Observation and Total activities of clinical supervision produced no significant differences. Apparently, the education level of a principal does not affect his use of the elements of clinical supervision. It

TABLE 4.13

THE EFFECT OF EDUCATION ON PRE-OBSERVATION, OBSERVATION, POST-OBSERVATION AND TOTAL ACTIVITIES

Years of Education	4 years		5 years		6 years		7+years		
	mean	sd	mean	sd	mean	sd	mean	sd	
Pre-observation	2.67*	.48	2.74	.46	2.69	.53	2.67	.39	N=224
Observation	2.52	.47	2.55	.45	2.59	.43	2.54	.35	N=221
Post-observation	3.15	.32	3.14	.26	3.17	.28	3.15	.30	N=224
Total activities	2.88	.30	2.90	.26	2.91	.28	2.87	.25	N=224

* all values represent the average level of use
N represents number of respondents

NOTE: there are no significant differences between any of the groups was thought that the more years of university education a principal had, the more likely that he would have been exposed to the theory of clinical supervision and, therefore, the more likely he would be to use the system. This supposition was not supported by statistical analysis.

It was also thought that the more experience a principal had the more likely he would be to use the practices of clinical supervision. However, there was no statistical evidence to support the supposition. An analysis of variance between years of experience and performance of the activities of clinical supervision showed that there were no statistically significant differences among the experience levels. All principals performed all of the activities of clinical supervision at relatively the same level with Post-observation activities scoring the highest.

The analysis of the effects of size as defined by percent administration time, confirms what was suspected by the use of summary scores for the four groups. While Pre-observation, Post-observation and Total activities are not influenced by the availability of administration time, Observation activities are significantly different statistically. Those principals with 51-75 percent admininistration time perform the activities of Observation significantly (statistically) more frequently than do those principals with 0-25 percent administration time.

TABLE 4.14

THE EFFECT OF EXPERIENCE ON PRE-OBSERVATION OBSERVATION, POST-OBSERVATION AND TOTAL ACTIVITIES

	1-3 years		4-6 years		7-9 years		10-12 years		12+ years		
	mean	sd	mean	sd	mean	sd	mean	sd	mean	sd	
Pre-observation	2.60*	.56	2.76	.47	2.71	.49	2.69	.45	2.67	.46	N=224
Observation	2.59	.39	2.56	.41	2.58	.46	2.46	.45	2.58	.44	N=221
Post-observation	3.16	.22	3.21	.28	3.15	.27	3.12	.29	3.12	.31	N=224
Total Activities	2.90	.24	2.93	.28	2.89	.26	2.86	.29	2.88	.29	N=224

* all values represent the average level of use

N represents the number of respondents

NOTE: there are no significant differences between any of the groups.

TABLE 4.15

THE EFFECT OF AVAILABILITY OF ADMINISTRATION TIME ON PRE-OBSERVATION, OBSERVATION, POST-OBSERVATION AND TOTAL ACTIVITIES

Percent	0-25%		26-50%		51-75%		76-100%		
Admin. Time	mean	sd	mean	sd	mean	sd	mean	sd	
Pre-observation	2.51*	.51	2.74	.51	2.65	.50	2.74	.45	N=222
Observation	2.29	.58	2.54	.45	2.60	.41	2.58	.40**	N=219
Post-observation	3.06	.29	3.15	.39	3.14	.24	3.19	.28	N=222
Total Activities	2.74	.29	2.89	.36	2.89	.25	2.93	.26	N=222

* all values represent the average level of use

N represents the number of respondents

** according to Scheffe procedure, significant differences exist between: 51-75 - 0-25 and 76-100 - 0-25 groups

This confirms the suspicion stated earlier that size of school is the determining factor in the use of Observation activities.

PRINCIPALS' PERCEPTIONS OF IMPORTANT FUNCTIONS

Principals were asked to rank a number of functions using one for the most important. The means of the ranks assigned by principal in each group are given in Table 4.16.

TABLE 4.16

MEAN AND RANKS FOR FUNCTIONS OF A PRINCIPAL BY PRINCIPAL GROUPS

	UL		US		RL		RS	
	mean	rank	mean	rank	mean	rank	mean	rank
Counselling students	4.33	5	4.46	6	4.38	5	4.69	7
school discipline	3.80	3	3.93	4	3.52	3	3.47	2
formative supervision	1.76	1	1.66	1	1.90	1	2.25	1
management	3.50	2	3.46	2	3.00	2	3.81	3*
public relations	3.89	3	3.59	3	3.67	4	3.92	4
summative evaluation	4.57	6	4.53	7	4.75	7	4.86	8
teaching	4.63	7	4.39	5	4.42	6	4.22	6
other	4.67	8	4.76	8	4.75	7	4.17	5

Number of respondents = 224
* Scheffe indicates a statistically significant difference between RS and RL schools

The table shows that all principals ranked the improvement of instruction through formative supervision to be their highest priority. There was no significant differences among any of the four groups of principals on any of the items except management. On this item, RS schools differed significantly from RL schools.

A Pearson R correlation was conducted between the functions of a principal and the activities of clinical supervision to see if a relationship existed between those functions that principals ranked highly and the activity areas of clinical supervision. To arrive at scores for comparison a mean score of use of clinical supervsion was calculated for each individual. The mean of these means was used for this correlation. These means were calculated for the entire group of respondents regardless of what group they belonged to. The means were: Pre-observation - 2.69, Observation - 2.56, Post-observation - 3.15, and Total activities - 2.90. Table 4.17 indicates the results of the correlation.

There does not appear to be any significant relationships except between school discipline and Post-observation and Total activities. It is interesting to note that although all principals ranked formative supervision as the most important function of a principal, there is not a statistically significant correlation between this item and any of the activities of clinical supervision.

TABLE 4.17

CORRELATION BETWEEN IMPORTANT FUNCTIONS AND ACTIVITIES OF CLINICAL SUPERVISION

	Pre-obs.	Obs.	Post-obs.	Total
Counselling students	.086	.070	.010	.060
school discipline	.094	.124	.161	.175
formative supervision	-.121	.051	-.065	-.066
management	-.126	-.098	-.030	-.113
public relations	.015	.004	-.078	-.042
summative evaluation	.003	-.024	-.056	-.046
teaching	.096	-.014	.035	.074
other	-.052	-.028	-.079	-.048

Number of respondents = 224
Values significant at .05 level are underlined

PEER SUPERVISION

Since clinical supervision requires a collegial relationship, its processes could be seen as similar or parallel to peer supervision. Respondents were asked whether or not peer supervision was used in their school, and if so, under what circumstances. Twenty-two of seventy or 31.34 percent of UL students reported using peer supervision in some form. For US schools the count was eighteen out of seventy or 25.71 percent while RL schools reported eight out of forty-eight or 16.67 percent. Five of thirty-six or 13.89 percent of RS schools reported the use of peer supervision.

Peer supervision was described in a number of ways by the respondents reporting its use. These were tabulated by hand and grouped into similar responses. The results are shown in Table 4.18:

TABLE 4.18

TYPES OF PEER SUPERVISION PRACTICED AND NUMBER OF ADHERANTS

Circumstance	Count
Teacher Effectiveness Program	12
T.E.S.A.	6
Inexperienced teacher matched to master teachers	4
Encouraged by principal and occurring informally	16
Mandated by jurisdiction	4
Currently under consideration	5
All other	6
	53

It is evident that not many schools, 23.66 percent of the total sample, engage in peer supervision. It is also apparent that the approaches taken to peer supervision are very diverse. However, it should be noted that almost one quarter of the schools sampled are attempting to use peer supervision in one form or another.

NUMBER OF VISITATIONS

Principals were asked if they conduct supervisory visits and, if so, how many visits per year to what categories of teachers. The following section describes the results.

TABLE 4.19

VISITATION BY PRINCIPAL

	UL	US	RL	RS	Total
YES	66	69	43	31	209
NO	4	-	5	6	15
Total	70	70	48	36	224

While most principals make at least some visits to teachers' classrooms it is to be noted that 15 respondents reported not making any visitations. The following table shows the number of visits principals in each group reported making to interim or temporary teachers.

Interim or Temporary teachers received the highest number of visitations from all groups of principals. However, 102 principals or 49.28 percent reported that they visited new teachers less than 5 times per year. It should be noted that 53 principals or 26.60 percent, reported that they visited new teachers 10 or more times per year.

TABLE 4.20

AVERAGE NUMBER OF VISITATIONS PER YEAR TO TEMPORARY OF INTERIM TEACHERS

Number of Visits	1	2	3	4	5	6	7	8	9	10	10+	Total
UL	6	6	13	6	2	4	2	2	-	13	12	66
US	7	5	9	11	8	8	1	1	4	6	7	67
RL	3	7	4	6	7	7	-	1	-	5	3	43
RS	4	6	4	5	2	1	1	-	1	1	6	31
Total	10	24	30	28	19	20	4	4	5	25	28	207

Analysis of variance indicated that the probability was .58 and, therefore, there were no significant differences between any two groups of principals.

TABLE 4.21

AVERAGE NUMBER OF VISITS PER YEAR TO TENURED TEACHERS NEW TO THE SCHOOL

Number of Visits	1	2	3	4	5	6	7	8	9	10	10+	Total
UL	9	8	11	5	7	3	2	-	-	9	9	63
US	9	10	8	9	10	5	2	2	1	4	5	65
RL	4	12	7	6	4	1	-	3	-	2	3	42
RS	4	6	6	2	1	1	-	1	-	1	4	26
Total	26	36	32	22	22	10	4	6	1	16	21	196

One hundred thirty-eight respondents or 70.41 percent of the sample reported making 5 or fewer supervisory visits to tenured teachers new to their school. Once again, there was a relatively high percentage, 18.88 percent of principals who reported making ten or more visitations per year. An analysis of variance showed that there were no statistically significant differences between any two groups with the probability given as .36.

TABLE 4.22

AVERAGE NUMBER OF VISTIS PER YEAR TO TENURED TEACHERS NOT NEW TO THE SCHOOL

Number of Visits	1	2	3	4	5	6	7	8	9	10	10+	Total
UL	12	14	11	3	4	2	-	2	-	4	6	58
US	11	10	10	10	6	5	-	-	1	4	4	61
RL	7	15	4	2	3	-	-	2	-	1	4	38
RS	6	7	3	-	1	-	-	-	-	1	2	20
Total	36	46	28	15	14	7	0	4	1	10	16	177

The overall number of principals reporting that they made any visits to tenured teachers not new to their school dropped. This shows that there are a large number of teachers who receive no supervisory assistance whatsoever during the course of the school year. Of the 177 who reported in this area, 39 or 78.53% made 5 or fewer visits per year. There is still a group who made ten or more supervisory visits per year but they have shrunk to 26 respondents or 14.69 percent of the total. Analysis of variance did not show any significant differences between any of the groups with probability reported at .80.

TABLE 4.23

AVERAGE NUMBER OF VISTIS PER YEAR
TO OTHER STAFF IN THE SCHOOL

Number of visits	1	2	3	4	5	5+	Total
UL	3	1	1	-	1	1	7
US	6	-	-	-	-	2	8
RL	1	-	-	-	-	2	3
RS	1	-	-	-	-	-	1
Total	11	1	1	0	1	5	19

The "other" included in this category were teacher aides, librarians, counsellors, etc. Only 19 respondents indicated that they did any supervision in this area. This would indicate that supervisory efforts are largely directed towards the professional staff. Analysis of variance and Scheffe comparison showed two statistically different pairs of groups. Urban small principals differed from RL principals as did UL principals from RL principals. With a sample size of only 19, it is questionable whether the significant differences are actually indicative of any trends within groups.

Table 4.24 shows the mean number of visits to each category of teachers by each group of principals.

TABLE 4.24

VISITATIONS BY UL, US, RL, AND RS PRINCIPALS TO INTERIM, NEW TENURED AND NOT NEW TENURED TEACHERS

	UL		US		RL		RS	
	Mean	sd	mean	sd	mean	sd	mean	sd
Interim teachers	8.77	9.72	7.03	7.99	6.47	7.95	8.39	14.53
New tenured	8.44	12.63	6.14	8.00	5.07	5.76	8.12	15.78
Not new tenured	6.98	12.67	5.67	8.23	5.05	6.87	7.20	17.70

From the table it appears that principals concentrate their supervisory efforts on interim teachers and tenured teachers new to their school.

SUMMARY

The study was designed to show the level of use of the practices of clinical supervision by elementary school principals in Alberta. It was suspected that many factors might have had an influence on the degree to which the system was used. Analysis of the data showed that there were in fact very few variables influencing the variance in the use of clinical supervision.

Correlation of the demographic variables showed that further analysis could be based on three factors: education, total experience and percent administration time. Education level had no statistically significant relationship with the performance of any of the activity groups of clinical supervision. Experience level also had no effect on the performance of clinical supervision. However, administration time proved to be a statistically significant variable in the performance of Observation activities. Principals of RS schools, who had the least administration time, performed fewer observations than principals with more administration time.

The category of the school, that is, UL, US, RL and RS was not a determining factor in the uses of clinical supervision. Only on three items, one in each of the activity groups, did any significant differences arise. In the Pre-observation activity group the item that asked if teachers had a chance to revise lesson plans, statistically significant differences were noted between RS and UL principals and between RS and US principals. In the Observation activity group the item on which statistically significant differences appeared was on the use of audio or video recordings where a difference was noted between RS and US principals. Finally, in the Post-observation activity group statistically significant differences between RS and US principals and RS and RL principals were noted for the item that asked if principals provided teachers with a list of alternative strategies that could have been used to teach the lesson.

Finding differences between UL, US, RL, and RS groups of principals on only three items but of 32 indicates that the urban/rural distinction and the large/small distinction did not have an effect on the use of the elements of clinical supervision.

The development of summary scores was a means of comparing each groups of principals' use of the activities of clinical supervision. The analysis produced no significant differences on Pre-observation, Post-Observation, and Total activities of clinical supervision. Statistically significant differences did occur on Observation activities with US principals being significantly different from RS principals and UL principals from RS principals. Finding a difference on Observation activities confirms the earlier suspicion that principals with less administration time conducted fewer classroom observations.

It was suspected that a principal's perception of the most important functions of a principal would have an effect on the use of the practices of clinical supervision. All groups of principals ranked "improvement of instruction through formative supervision" as their first priority. However, this function was not significantly correlated to any of the activity groups of clinical supervision.

The use of peer supervision is not common in Alberta elementary schools, although 23.66 percent of schools in the sample used some variation of it at one time or another.

Most principals conducted some type of supervisory visit. However, their efforts tended to be concentrated on the interim or temporary teachers in their schools. It is suspected that this emphasis has more to do with the administrative need for formal evaluations than a concern for the development of quality instruction through formative means. Tenured teachers not new to the school were visited very infrequently with 78.53 percent of principals reporting that they visited this group 5 or fewer times per year.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Demographics

Respondents were asked to respond to seven demographic variables. On the variables age and total experience, an analysis of variance statistically significant at the .05 level showed no significant differences between any of the four groups of principals. However, significant differences were found on the other five variables.

Level of university education differed among the groups of principals. A Scheffe procedure identified these statistically different pairs: RS-UL, RS-US, RL-UL, and RL-US. As was noted in Chapter four these differences may be explained by the greater availability of university education facilities and opportunities in the urban setting.

Statistically significant differences at the .05 level were found between certain groups in the present location experience category. Scheffe procedure identified the following statistically different pairs: RL-US and RL-UL. However, it should be noted that the most common experience level for all principals was four to six years.

There were many significant differences noted for the number of full time equivalent teachers in a school. This is hardly surprising since the basis of division into groups was size of school.

Analysis of variance and Scheffe of number of vice principals also produced a large number of statistically different pairs. They are: RS-RL, RS-UL, US-RL, US-UL, and RL-UL. In each case larger schools varied with smaller schools and it is hardly surprising that there would be more vice principals in larger schools. It should be noted that 86.55 percent of the respondents reported zero or one vice principal.

The amount of administration time a principal is alloted also showed many statistically significant differences. The Scheffe procedure identified the following statistically different pairs: UL-RL, UL-US and UL-RS. Urban large principals have significantly more administration time than any of the other groups of principals.

The fact that administration time varies, is the only statistically significant demographic variable affecting the use of clinical supervision. The groups of principals do not vary on the use of Pre-observation, Post-observation or Total activities. The difference identified by percent of administration time is on the performance of Observation activities. This result is not unforeseen since if a principal is involved in teaching duties he will not be able to observe many other classrooms.

Statement of Findings

Sub Problem 1: What is the degree of use of each activity of clinical supervision?

From Table 4.12 it can be seen that the average level of use of Pre-observation activities is 2.68, Observation activities 2.53, Post-observation activities 3.15 and Total activities 2.89. This indicates that there is not a strong use of any of the elements of clinical supervision with the exception of Post-observation activities. This means that most principals regularly take the time to discuss the results of visitations with the teacher involved. The principals evidently take time to analyze their notes, plan for the conference and analyze their own behaviors as is shown by the means for questions related to these items (see Table 4.11).

Sub Problem 2: What differences exist among urban and rural, large and small schools?

Analysis of variance conducted on individual items (see Table 4.11) shows a statistically significant difference on only one item in each of the three major activities. In Pre-observation, the item that requests information on whether or not a teacher has a chance to revise lesson plans as a result of pre-observation discussions, shows a statistical difference between RS schools and UL and US schools as indicated by the respective means: US 2.87 - RS 2.17 and UL 2.69 - RS 2.17. It is interesting to note that when summary scores were used, no significant differences are found for Pre-observation activities.

The item regarding audio-visual recordings during observation listed in Observation activities also showed a statistically significant difference (see Table 4.11) between RS and US schools - US 1.41 - RS 1.03. The low values of both of these means shows that the practice is not common anywhere but that it is significantly less common in RS schools than in US schools.

In the group of Post-Observation activities, again, only one item showed any significant difference. Responses to, "Do you provide a list of alternative strategies?", produced the following statistically different pairs: RS 2.35 -RL 1.96, and RS 2.35 - US 1.96. This was one of four questions that needed to be interpreted in reverse with the higher scores representing less desirable practice and lower scores more acceptable practice. The differences indicated above would seem to show that RS principals tend to be more directive and authoritarian in their relations with teachers. However, when summary scores were used, no statistically significant difference was indicated among or between any of the groups on Post-observation activities (see Table 4.12).

Sub Problem 3: What is the effect of university education level on the use of clinical supervision?

Table 4.2 demonstrates that urban principals tend to have a higher level of university education than do their rural counterparts. However, an analysis of variance of education against Pre-observation, Observation, Post-observation and Total activities of clinical supervision, produced no statistically significant differences between any two groups. Therefore, it must be concluded that education level does not affect the use of clinical supervision.

Sub Problem 4: How does age affect the use of clinical supervision?

As shown in Table 4.3 the majority of principals are over forty years of age. The exact percentages for each group are: UL 78.6 percent, US 72.4 percent, RL 70.9 percent and RS 52.8 percent. This shows that RS schools tend to have the youngest principals. Table 4.9 shows that age and experience are highly correlated. Therefore, analysis of variance was not conducted on age and the performance of the activities of clinical supervision.

Sub Problem 5: How does experience level affect the use of clinical supervision?

The two demographic factors dealing with experience proved to be highly correlated with each other and with age. As was stated earlier older more experienced principals gravitate towards larger schools in both the urban and rural settings. The most frequently reported present location experience level was four to six years for UL, RL and RS schools and one to three years for US schools.

The analysis of variance conducted between experience level and performance of Pre-observation, Observation, Post-observation and Total activities for clinical supervision shows that there is no statistically significant difference between any two experience levels. Experience and age do not seem to be determining variables in the use of clinical supervision.

Sub Problem 6: How does the availability of administration time effect the use of clinical supervision?

From Table 4.8 it is immediately obvious that urban principals have more administration time than rural principals. Table 4.15 shows that this relates to a statistically significant difference in the performance of the activities associated with clinical supervision. Performance of Observation activities differs significantly between the 51-75 percent administration time group and the 0-25 percent administration time group. There is also a statistically significant difference between the 76-100 percent administration time group and the 0-25 percent administration time group. For the Total clinical supervision activities there is a statistically significant difference between the 76-100 percent administration time group and the 0-25 percent administration time group.

Of all of the demographic factors, the availability of administration time seems to be the most strongly related factor influencing the use of the practices of clinical supervision. As was stated in Chapter two clinical supervision is a time consuming process. The results show that principals with little time available for administrative duties were not likely to be frequent users of the methods and techniques of clinical supervision.

Sub Problem 7: How does the perception of the relative importance of formative supervision influence the use of clinical supervision

All groups of principals ranked "the improvement of instruction through formative supervision" to be their first priority. Priorities two, three and four were spread over three items for all groups of principals. "Management" was ranked second by UL, US and RL principals and third by RS principals. "School discipline" was ranked third by UL and RL principals, second by RS principals and fourth by US principals. "Public relations" was ranked fourth by UL, RL and RS principals and third by US principals.

Although formative supervision was ranked first by every group of principals, Table 4.7 shows that there is not a statistically significant correlation between that function and the performance of any of the activities of clinical supervision. This would indicate that there is a discrepancy between what principals think should be happening in their schools and what is actually happening.

GENERAL CONCLUSIONS

The practice of clinical supervision is not exceptionally prevalent in the elementary schools of Alberta. There are no statistical differences between any of the four groups on the performance of the activities of clinical supervision. Only on Observation activities did any statistically significant differences appear and these differences were a result of the availability of administration time.

The overall extent of the use of Pre-observation activities was 2.69 indicating that the occurrence of these activities was somewhere between seldom and often. While most teachers are visited, they are still not equal partners in the development of a supervisory program. They generally are not consulted about objectives for observation, or how data is to be collected. They do not have an opportunity to rehearse or revise lesson plans. This indicates that the mind set of principals is still one of inspection, and superior/subordinate relationships. These facts are inconsistent with the process and procedures of clinical supervision.

Observation activities were rated lower than Pre-observation activities at 2.56, although several items essential to clinical supervision were rated fairly highly. Principals tended not to break the "contract" regarding what was to be observed, (if one was established), they took extensive notes, and they remained in the classroom for at least thirty minutes. The quality of observation and the use of clinical supervision observational techniques is affected by the amount of time principals have for supervision and other administrative duties.

The use of clinical supervision activities is most evident in Post-observation activities for which the rating was 3.15. Most principals rated over three on the analysis and strategy and on conducting a conference. They were weaker on performance of the post-conference analysis and the review of their own techniques of supervision.

RECOMMENDATIONS

If School Boards and Departments of Education are sincere about improving the quality of instruction given to children, then the evidence presented in Chapter two would indicate that an approach different from evaluation and inspection must be used. Evidence was also presented that demonstrated that clinical supervision was a system that had the potential to positively affect the quality of instruction. However, it would also appear that any form of supervision which enhances the self-concept of the teacher, makes the teacher a partner in the supervisory process, is fair and objective, avoids a superior/

subordinate relationship, avoids didacticism, and generally proceeds in a democratic, humanistic fashion, has the potential to improve a teacher's performance.

Surely, if the goal of improved instruction is to be met in Alberta elementary schools, then the adoption of a system of supervision as described above is essential. As a result of the research conducted for this study, several recommendations can be made that will aid in the development of an effective supervisory program.

Recommendation One

Primary to the establishment of an effective, humanistic supervisory program is the removal of threat from the relationship between teacher and supervisor. Teachers feel threatened by evaluation because, as professionals, they feel they should be able to engage in self-evaluation and should have the professional integrity to take corrective action for problems they diagnose. Principals, as educational leaders in the school should have the prime responsibility of offering or securing help for a teacher.

Unfortunately,in many school jurisdictions the principal is expected to perform this helping function (supervision) as well as formally evaluate the teaching staff. The two roles are contradictory and lead to the formation of suspicion in the minds of teachers. They are unlikely to point out potential weaknesses or problems and ask for help to the same person who will be writing a formal evaluation of them.

To overcome this problem, it is recommended that the roles of supervisor and evaluator be separated. The principal, because of his closeness to the situation, is in the best position to perform the supervisory function and he will be most effective if the threat of evaluation, at least by him, is removed.

Recommendation Two

Alberta Education has as one of its primary goals the improvement of instruction. However, they have decided a greater emphasis on evaluation of teachers should be the means of achieving that goal. This decision is contrary to the evidence presented in Chapter two suggesting that increasing the amount of formal evaluation is not effective in improving teacher performance.

It was recognized that there is an administrative need for formal evaluations but the Department of Education could better achieve its goal if it placed less emphasis on evaluation and more on the formative supervision of teachers.

Recommendation Three

All of the groups of principals ranked the formative supervision of teacher as the first priority. Unfortunately, many principals did not demonstrate the attitudes and practices that would be consistent with the effective use of a program of clinical supervision. One of the factors that may have contributed to this non-use of the system is unfamiliarity with the process. Therefore, principals should have the opportunity to receive on the job training in this technique of supervision.

Clinical supervision is a complicated system and the techniques and skills necessary for its successful use cannot be learned in a one-day, one-shot, workshop. Principals need to be exposed to the theory and then given successive opportunities to practice the skills they will need. School boards and the Department of Education must be willing to make the necessary time and resources available so that this kind of extensive and comprehensive training program can be instituted.

Recommendation Four

Proper use of clinical supervision is time consuming. The amount of administration time a principal has significantly affects the frequency of observation. Without observation, there cannot be a successful program of supervision. Therefore, all principals need to have, at a minimum, fifty percent administration time. According to the results of this study less time than this for administration interferes with the performance of Observation activities. If principals are expected to be instructional leaders then they must be allowed the necessary time to develop and institute a program of supervision.

Recommendation for Further Research

The system of clinical supervision is slowly growing in popularity and use. However, as was stated in Chapter two there has not been established a clear link between clinical supervision and improved student learning. The link between clinical supervision and improved teaching has been documented but whether or not improved teaching necessarily leads to better learning has not yet been proved. Intuition indicates that there should be such a relationship but statistical proof is lacking.

Obtaining such proof would immeasurably aid the implementation and acceptance of clinical supervision. If School Boards and Departments of Education are sincere in their stated desire to provide the best quality education for students and if it can be proven that clinical supervision will help to deliver the kind of instruction that will make quality education available, then there would be increased activity to ensure that clinical supervision is used.

SUMMARY

In this chapter a review of the demographic characteristics of the respondents was conducted. The effect of these characteristics on the use of clinical supervision was discussed. Sub problems were recapitulated and conclusions were drawn for each. It was concluded that the practice of clinical supervision is not widespread although certain elements of the process are being used. The availability of administration time is the only statistically significant factor influencing the use of Observation activities and Total activities of clinical supervision.

Several recommendations were made as a result of this survey. In point form they are:

1) Separate the roles of evaluator and supervisor.
2) Less emphasis on evaluation.
3) Training for principals.
4) Increase amount of administration time.
5) Establish a link between clinical supervision and student learning.

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APPENDIX A

LETTERS

DEPARTMENT OF
EDUCATIONAL ADMINISTRATION

FACULTY OF EDUCATION
THE UNIVERSITY OF ALBERTA

June 29, 1984

Dear Sir or Madam

As part of a Master's program I am working on a thesis that will attempt to describe the extent to which elementary school principals are using the techniques and strategies of clinical supervision in their schools. Since it is not feasible to survey all elementary principals, I have drawn a proportional stratified random sample from the population.

I am asking your approval to send a copy of the accompanying questionnaire to principals of selected schools in your jurisdiction. The questionnaire has been pre-tested with a number of my colleagues in the department and will be further pre-tested with a group of principals in early July. I expect that the questionnaire will remain basically unchanged and only minor changes will be made before it is sent to principals.

A list of the schools selected from your jurisdiction appears on the following page. If you approve my sending questionnaires to the principals of those schools, please check the appropriate space at the end of the next page, sign it, tear it off, and return it in the stamped, self-addressed envelope provided. Questionnaires will be mailed to principals during the third week in September, 1984.

I assure you, as I will assure the responding principals, that the data collected will be held in the strictest confidence and that no school jurisdiction or individual school will be identified or identifiable in the results of the study.

Should you wish to have further information, or wish to discuss this subject with me, please do not hesitate to contact me at:

432-4913 or 433-3484

Thank you for giving this request favourable consideration.

Sincerely

Syd Pauls

7-104 EDUCATION NORTH EDMONTON ALBERTA CANADA T6G 2G5 TELEPHONE (403) 432-5241

* tear off this portion and return it in the self-addressed envelope

1) You may send questionnaires to the above schools. _______

2) You may not send questionnaires to the above schools _______

Date ____________________ Signature ______________________________

DEPARTMENT OF
EDUCATIONAL ADMINISTRATION
FACULTY OF EDUCATION
THE UNIVERSITY OF ALBERTA

August 13, 1984

Dear Sir

Re: The study of clinical supervision in Alberta

About six weeks ago I requested your permission to send a questionnaire to selected principal(s) in your jurisdiction. This is just a reminder that if you have not yet responded to my request, please do so as soon as possible. The school(s) in your jurisdiction are important to ensure the representativeness of the sample.

If you have any questions, please contact me at:

432-4913 office or 433-3484 home

Sincerely

Syd Pauls

7-104 EDUCATION NORTH, EDMONTON, ALBERTA, CANADA T6G 2G5 TELEPHONE (403) 432-5241

DEPARTMENT OF
EDUCATIONAL ADMINISTRATION
FACULTY OF EDUCATION
THE UNIVERSITY OF ALBERTA
QUAECUMQUE VERA

August 13, 1984

Dear Sir
Re: The study of clinical supervision in Alberta

About six weeks ago I requested your permission to send a questionnaire to selected principal(s) in your jurisdiction. I would like to take this opportunity to thank you for your co-operation.

The questionnaire will be sent to principals at the end of September.

Sincerely

Syd Pauls

7-104 EDUCATION NORTH, EDMONTON, ALBERTA, CANADA T6G 2G5 TELEPHONE (403) 432 5241

DEPARTMENT OF
EDUCATIONAL ADMINISTRATION
FACULTY OF EDUCATION
THE UNIVERSITY OF ALBERTA

Sept. 28, 1984

Dear Sir or Madam

As part of a graduate program in Education I am working on a thesis describing the practices of supervision in Alberta elementary schools. It is most often the principal who carries out the functions of improvement of instruction and supervision of staff and, therefore, principals were chosen as the logical respondents to the survey. Since it would not be feasible to survey all elementary school principals in the province, a random sample was drawn. Your school was one of a sample of 300 chosen from the population.

The superintendent of your jurisdiction has seen a copy of the questionnaire and has approved my sending it to you.

The coding in the upper right corner of the first page of the questionnaire is for my own record keeping and will not play a part in the results of the study. Any data you provide by answering the questionnaire will be held in the strictest confidence and no school or individual will be identified or identifiable in the results of the study.

Please take a few moments now to read over the questionnaire and then carefully complete it at your earliest convenience. Return the completed questionnaire in the stamped self-addressed envelope as soon as possible.

Thank-you for your co-operation.

Sincerely

Syd Pauls

7-104, EDUCATION NORTH, EDMONTON, ALBERTA, CANADA T6G 2G5 TELEPHONE (403) 432-5241

DEPARTMENT OF
EDUCATIONAL ADMINISTRATION
FACULTY OF EDUCATION
THE UNIVERSITY OF ALBERTA

October 16, 1984

Dear Sir or Madam

On September 28 I sent you a questionnaire regarding your supervisory practices and asked for your co-operation in completing it. As of this date, I have not received a response from you. In the event that the questionnaire never arrived or has been misplaced, I am enclosing another copy. Please complete and return the questionnaire as soon as possible.

If you have already responded, thank-you for your assistance and please disregard this letter.

Sincerely

Syd Pauls

Syd Pauls

7-104 EDUCATION NORTH, EDMONTON, ALBERTA, CANADA T6G 2G5 TELEPHONE (403) 432-5241

DEPARTMENT OF
EDUCATIONAL ADMINISTRATION
FACULTY OF EDUCATION
THE UNIVERSITY OF ALBERTA

October 16, 1984

Dear Sir or Madam

On September 28 I sent you a questionnaire regarding your supervisory practices and asked for your co-operation in completing it. The response has been gratifying and I would like to take this opportunity to express my thanks for your co-operation.

The information you provided has been very useful and will enable me to complete my studies. Thank-you for your assistance.

Sincerely

Syd Pauls

Syd Pauls

7-104, EDUCATION NORTH, EDMONTON, ALBERTA, CANADA T6G 2G5 TELEPHONE (403) 432-5241

APPENDIX B

THE INSTRUMENT

UNIVERSITY OF ALBERTA

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

This questionnaire surveys current practices of teacher supervision in Alberta. The results of this study have the potential to identify needs and propose solutions for an issue that is of current concern. Therefore, your co-operation in completing this questionnaire is appreciated.

It should take about 15 minutes to complete the questionnaire.

c.c. please do not write in this column

SECTION A

A1) How many years of university education do you have?

1) 4 years _____
2) 5 years _____
3) 6) years _____
4) 7 years _____
5) more than 7 years _____

7

A2) Please indicate which age category is applicable to you.

1) 20 to 25 _____
2) 26 to 30 _____
3) 31 to 35 _____
4) 36 to 40 _____
5) 41 to 45 _____
6) 46 to 50 _____
7) over 50 _____

8

A3) What is the total number of years of experience you have as principal? *(Check One)*

1) starting this year _____
2) 1 to 3 years _____
3) 4 to 6 years _____
4) 7 to 9 years _____
5) 10 to 12 years _____
6) more than 12 years _____

9

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A4) How many years experience do you have as principal at your present location? *(Check one)*

1) starting this year _____ 4) 7 to 9 years _____

2) 1 to 3 years _____ 5) 10 to 12 years _____ 10

3) 4 to 6 years _____ 6) more than 12 years _____

A5) How many full time equivalent certified teachers are there in your school? *(Check one)*

1) 4 to 8 _____ 4) 19 to 23 _____

2) 9 to 13 _____ 5) if more than 23 how many? _____ 11

3) 14 to 18 _____

A6) How many vice principals or assistant principals are there in your school? *(Check one)*

1) zero _____ 4) three _____

2) one _____ 5) if more than three how many? _____ 12

3) two _____

A7) What percentage of your school day do you spend in classroom teaching?

1) 0% to 25% _____ 3) 51% to 75% _____ 13

2) 26% to 50% _____ 4) 76% to 100% _____

A8) What do you consider to be the 4 most important functions of a principal? *Rank your first priority number 1.*

1) counselling students _____

2) establishing and maintaining school discipline _____

3) improvement of instruction through formative supervision of teachers _____ 14-21

4) management and resource distribution _____

5) public relations _____

6) summative evaluation of teachers _____

7) teaching _____

8) other [illegible] _____ ____________________

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column

SECTION B

B1) Do you make supervisory visits to teachers' classrooms other than for formal evaluative purposes?

1) YES ____ 2) NO ____ 22

**If you answered "YES" above, please answer questions B2. If you answered "NO" above, please go on to question B3.*

B2). To whom do you make supervisory visits? *Check all applicable categories and indicate an average number of visits per year for each category checked.*

		Average number of visits per year	
1) interim or temporary teachers	____	____	
2) tenured teachers new to your schools	____	____	23-34
3) tenured teachers not new to your school	____	____	
4) other *(speciliy)*	____	____	

**For the remainder of SECTION "B", except B6, B23 and B24, please circle 1, 2, 3, or 4, in response to each question.*

	VERY OFTEN	OFTEN	SELDOM	VERY SELDOM	
B3) Are teachers notified when their classrooms are to be visited?	1	2	3	4	35
B4) Do you ask to see the teacher's lesson plan?	1	2	3	4	36
B5) Do you find out what and how the teacehr is going to teach before the lesson is to be observed?	1	2	3	4	37

B6) Do you discuss what is to be observed with the teacher before actual observation occurs?

1) YES ____ 2) NO ____ 38

**If you answered "YES" above, please answer questions B7, B8, B9, and B10. If you answered "NO" above, please go on to question B12.*

	VERY OFTEN	OFTEN	SELDOM	VERY SELDOM	c.c. please do not write in this column
B7) Do you observe student behaviors in relation to teacher behaviors that were to have been observed?	1	2	3	4	39
B8) Do you suggest a variety of observational techniques that could be used?	1	2	3	4	40
B9) Do you take note of other activities than those agreed upon with the teacher?	1	2	3	4	41
B10) Do you believe that the teacher feels comfortable discussing his/her lesson with you?	1	2	3	4	42
B11) Is there a chance for revisions in lesson plans to occur as a result of preobservation discussions?	1	2	3	4	43
B12) Do you give teachers explicit directions as to what you would like to see in the lesson?	1	2	3	4	44
B13) Are teachers able to rehearse their lesson with you before it actually taught?	1	2	3	4	45
B14) Do you develop your own data collection instrument to meet the needs of the situation?	1	2	3	4	46
B15) Do you use a classroom seating plan to aid you in making your observations?	1	2	3	4	47
B16) Do you use audio or video recordings to aid you in making your observations?	1	2	3	4	48
B17) Do you make comprehensive notes during the time you spend observing in the classroom?	1	2	3	4	49
B18) Do you remain in the classroom for at least 30 minutes when you observe?	1	2	3	4	50
B19) After the observation is complete, do you take time to organize and categorize your notes?	1	2	3	4	51
B20) After you have made a supervisory visit, are written reports given to the teacher?	1	2	3	4	52
B21) Is the data collected during observation used only for formative supervision of the teacher?	1	2	3	4	53
B22) Do you encourage the teacher to analyze and discuss your supervisory practices?	1	2	3	4	54

5

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B23) Is peer supervision used in your school?

1) YES _____ 2) NO _____ 55

If "YES" above, please describe under what circumstances.

____

____

____

____

(if more space is required please use opposite page)

B24) Do you discuss the results of your observations with the teacher?

1) YES _____ 2) NO _____ 56

**If you answered "YES" above, please answer the questions in Section "C". If you answered "NO" above, thank-you for your co-operation in completing this questionnaire.*

SECTION C

	VERY OFTEN	OFTEN	SELDOM	VERY SELDOM	
C1) Do you look for patterns in the collected data to establish topics for discussion with the teacehr?	1	2	3	4	57
C2) Can comments you plan to make to the teacher be substantiated from the data collected?	1	2	3	4	58
C3) Is the teacher's anxiety level considered when choosing topics for discussion?	1	2	3	4	59
C4) Do you give praise and encouragement for specific growth in the teacher's skills?	1	2	3	4	60
C5) Do you decide to concentrate on only a few topics for discussion?	1	2	3	4	61
C6) Does the teacher do most of the talking during the discussion of the observed lesson?	1	2	3	4	62
C7) Is the teacher encouraged to engage in self analysis?	1	2	3	4	63
C8) Do teacher responses during the discussion influence you to change what you've planned to discuss?	1	2	3	4	64

		VERY OFTEN	OFTEN	SELDOM	VERY SELDOM	c.c. please do not write in this column
C9)	During the conference, do you provide the teacher with a list of alternative strategies that could have been used to teach the lesson?	1	2	3	4	65
C10)	Is the teacher encouraged to critically examine the strategies used and to propose alternatives?	1	2	3	4	66
C11)	Are remarks or comments made about the teacher's lesson based on intuition?	1	2	3	4	67
C12)	Do you mentally review the techniques and strategies you used to observe and discuss the lesson?	1	2	3	4	68
C13)	Do you make audio or video tapes of your discussions with teachers for later analysis?	1	2	3	4	69

C14) Where are supervisory conferences most often held?

1) teacher's classroom ____ 3) Supervisor's office ____

2) staff room ____ 4) other *(specify)* ____

____

70

THANK-YOU FOR YOUR CO-OPERATION

Please fold and return the questionnaire in the stamped, self addressed envelope

APPENDIX C

COMPLETE TWO FACTOR ANALYSIS

TWO FACTOR ANALYSIS

QUESTION	FACTOR 1	FACTOR 2
Are teachers notified when their classrooms are to be visited?	.040665	-.04812
Do you ask to see the teacher's lesson plan?	.36785	.23510
Do you find out what and how the teacher is going to teach before the lesson is observed	.58418	.01773
Do you observe student behaviors in relation to teacher behaviors that were to have been observed?	.54581	.15688
Do you suggest a variety of observational techniques that could be used?	.64152	-.03080
Do you take note of other activities than those agreed upon with the teacher?	.05848	.24149
Do you believe the teacher feels comfortable discussing his/her lesson with you?	.18407	.51614
Is there a chance for revisions in lesson plans to occur as a result of pre-observation discussions?	.46093	.13111
Do you give teachers explicit directions as to what you would like to see in the lesson?	.18806	.25335
Are teachers able to rehearse their lesson with you before it is actually taught?	.4173	.01820
Do you develop your own data collection instrument to meet the needs of the situation?	.37829	.15921
Do you use a classroom seating plan to aid you in making your observations?	.53071	-.07784

QUESTION	FACTOR 1	FACTOR 2
Do you use audio or video recordings to aid you in making your observations?	.35061	-.32948
Do you make comprehensive notes during the time that you spend observing in the classroom?	.64403	.05701
Do you remain in the classroom for at least 30 minutes when you observe?	.48866	.16233
After the observation is complete, do you take time to organize, categorize, and structure your notes?	.67778	.02290
After you have made a supervisory visit, are written reports given to the teacher?	.272376	.02315
Is the data collected during observation used only for formative supervision of the teacher?	.24471	.11077
Do you encourage the teacher to analyze and discuss your supervisory practices?	.33880	.46274
Do you look for patterns in the collected data to establish topics for discussion with the teacher?	.36974	.41405
Can comments you plan to make to the teacher be substantiated from the data collected?	.19608	.51620
Is the teacher's anxiety level considered when choosing topics for discussion?	-.07126	.63547
Do you give praise and encouragement for specific growth in the teacher's skills?	.08437	.56787
Do you decide to concentrate on only a few topics for discussion?	-.00597	.50373
Does the teacher do most of the talking during the discussion of the observed lesson?	-.06777	.44418

QUESTION	FACTOR 1	FACTOR 2
Is the teacher encouraged to engage in self-analysis?	.05071	.57993
Do teacher responses during the discussion influence you to change what you've planned to discuss?	.06629	.28113
During the conference do you provide the teacher with a list of alternative strategies that could have been used to teach the lesson?	.59836	.23151
Is the teacher encouraged to critically examine the strategies used and to propose alternatives?	.31009	.34660
Are remarks or comments made about the teacher's lesson based on intuition?	-.00922	-.14456
Do you mentally review the techniques and strategies you used to observe and discuss the lesson?	.34341	.39422
Do you make audio of video tapes of your discussions with teachers for later analysis?	.06278	-.49978